

CLE MATERIALS

Employment Law CLE: Deep Dive

Washington "Long-Term Care Act" & Exemptions

Spokane County Bar Association

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TABLE OF CONTENTS

Washington "Long-Term Care Act" & Exemptions

Document(s)	Page (LTC Page)
Long-Term Services and Supports Trust Act, RCW Ch. 50B.04	1
Basic Long-Term Care Information from ESD	17
<i>Pacific Bells, LLC, et al. v. Jay Inslee, et al.</i> , 2:21-cv-01515 (W.D. Wash) (Complaint filed Nov. 9, 2021)	34
Applying Washington's Long-Term Care Act to "Multistate" Employees	55

Chapter Listing

Chapter 50B.04 RCW

LONG-TERM SERVICES AND SUPPORTS TRUST PROGRAM

Sections

- 50B.04.010** Definitions.
- 50B.04.020** Duties—Health care authority, department of social and health services, office of the state actuary, employment security department.
- 50B.04.030** Long-term services and supports trust commission—Investment strategy subcommittee.
- 50B.04.040** Long-term services and supports council—Benefit unit adjustment.
- 50B.04.050** Qualified individuals.
- 50B.04.060** Eligible beneficiaries—Determination—Services and benefits.
- 50B.04.070** Payment of benefits.
- 50B.04.080** Premium assessment—Rate—Collection.
- 50B.04.085** Premium assessment—Exemptions.
- 50B.04.090** Election of coverage—Self-employed persons.
- 50B.04.095** Election of coverage—Federally recognized tribe.
- 50B.04.100** Long-term services and supports trust account.
- 50B.04.110** Long-term services and supports trust account—Investment—Policies.
- 50B.04.120** Appeal of determinations.
- 50B.04.130** Medicare data and waiver—Report.
- 50B.04.140** Reports to legislature.
- 50B.04.150** Benefits not income or resource.
- 50B.04.160** Entitlement not created.
- 50B.04.900** Findings—2019 c 363.

RCW 50B.04.010

Definitions.

The definitions in this section apply throughout this chapter unless the context clearly requires otherwise.

(1) "Account" means the long-term services and supports trust account created in RCW **50B.04.100**.

(2) "Approved service" means long-term services and supports including, but not limited to:

- (a) Adult day services;
- (b) Care transition coordination;
- (c) Memory care;
- (d) Adaptive equipment and technology;
- (e) Environmental modification;

- (f) Personal emergency response system;
- (g) Home safety evaluation;
- (h) Respite for family caregivers;
- (i) Home delivered meals;
- (j) Transportation;
- (k) Dementia supports;
- (l) Education and consultation;
- (m) Eligible relative care;
- (n) Professional services;
- (o) Services that assist paid and unpaid family members caring for eligible individuals, including training for individuals providing care who are not otherwise employed as long-term care workers under RCW **74.39A.074**;
- (p) In-home personal care;
- (q) Assisted living services;
- (r) Adult family home services; and
- (s) Nursing home services.

(3) "Benefit unit" means up to one hundred dollars paid by the department of social and health services to a long-term services and supports provider as reimbursement for approved services provided to an eligible beneficiary on a specific date. The benefit unit must be adjusted annually at a rate no greater than the Washington state consumer price index, as determined solely by the council. Any changes adopted by the council shall be subject to revision by the legislature.

(4) "Commission" means the long-term services and supports trust commission established in RCW **50B.04.030**.

(5) "Council" means the long-term services and supports trust council established in RCW **50B.04.040**.

(6) "Eligible beneficiary" means a qualified individual who is age eighteen or older, residing in the state of Washington, has been determined to meet the minimum level of assistance with activities of daily living necessary to receive benefits through the trust program, as established in this chapter, and has not exhausted the lifetime limit of benefit units.

(7) "Employee" has the meaning provided in RCW **50A.05.010**.

(8) "Employer" has the meaning provided in RCW **50A.05.010**.

(9) "Employment" has the meaning provided in RCW **50A.05.010**.

(10) "Exempt employee" means a person who has been granted a premium assessment exemption by the employment security department.

(11) "Long-term services and supports provider" means an entity that meets the qualifications applicable in law to the approved service they provide, including a qualified or certified home care aide, licensed assisted living facility, licensed adult family home, licensed nursing home, licensed in-home services agency, adult day services program, vendor, instructor, qualified family member, or other entities as registered by the department of social and health services.

(12) "Premium" or "premiums" means the payments required by RCW **50B.04.080** and paid to the employment security department for deposit in the account created in RCW **50B.04.100**.

(13) "Program" means the long-term services and supports trust program established in this chapter.

(14) "Qualified family member" means a relative of an eligible beneficiary qualified to meet requirements established in state law for the approved service they provide that would be required of any other long-term services and supports provider to receive payments from the state.

(15) "Qualified individual" means an individual who meets the duration of payment requirements, as established in this chapter.

(16) "State actuary" means the office of the state actuary created in RCW **44.44.010**.

(17) "Wage or wages" means all remuneration paid by an employer to an employee. Remuneration has the meaning provided in RCW **50A.05.010**. All wages are subject to a premium assessment and not limited by the commissioner of the employment security department, as provided under RCW **50A.10.030**(4).

[**2021 c 113 § 1**; **2020 c 98 § 1**; **2019 c 363 § 2**.]

NOTES:

RCW **50B.04.020**

Duties—Health care authority, department of social and health services, office of the state actuary, employment security department.

(1) The health care authority, the department of social and health services, the office of the state actuary, and the employment security department each have distinct responsibilities in the implementation and administration of the program. In the performance of their activities, they shall actively collaborate to realize program efficiencies and provide persons served by the program with a well-coordinated experience.

(2) The health care authority shall:

(a) Track the use of lifetime benefit units to verify the individual's status as an eligible beneficiary as determined by the department of social and health services;

(b) Ensure approved services are provided through audits or service verification processes within the service provider payment system for registered long-term services and supports providers and recoup any inappropriate payments;

(c) Establish criteria for the payment of benefits to registered long-term services and supports providers under RCW **50B.04.070**;

(d) Establish rules and procedures for benefit coordination when the eligible beneficiary is also funded for medicaid and other long-term services and supports, including medicare, coverage through the department of labor and industries, and private long-term care coverage; and

(e) Adopt rules and procedures necessary to implement and administer the activities specified in this section related to the program.

(3) The department of social and health services shall:

(a) Make determinations regarding an individual's status as an eligible beneficiary under RCW **50B.04.060**;

(b) Approve long-term services and supports eligible for payment as approved services under the program, as informed by the commission;

(c) Register long-term services and supports providers that meet minimum qualifications;

(d) Discontinue the registration of long-term services and supports providers that: (i) Fail to meet the minimum qualifications applicable in law to the approved service that they provide; or (ii) violate the operational standards of the program;

(e) Disburse payments of benefits to registered long-term services and supports providers, utilizing and leveraging existing payment systems for the provision of approved services to eligible beneficiaries under RCW **50B.04.070**;

(f) Prepare and distribute written or electronic materials to qualified individuals, eligible beneficiaries, and the public as deemed necessary by the commission to inform them of program design and updates;

(g) Provide customer service and address questions and complaints, including referring individuals to other appropriate agencies;

(h) Provide administrative and operational support to the commission;

(i) Track data useful in monitoring and informing the program, as identified by the commission; and

(j) Adopt rules and procedures necessary to implement and administer the activities specified in this section related to the program.

(4) The employment security department shall:

(a) Collect and assess employee premiums as provided in RCW **50B.04.080**;

(b) Assist the commission, council, and state actuary in monitoring the solvency and financial status of the program;

(c) Perform investigations to determine the compliance of premium payments in RCW **50B.04.080** and **50B.04.090** in coordination with the same activities conducted under the family and medical leave act, Title **50A** RCW, to the extent possible;

(d) Make determinations regarding an individual's status as a qualified individual under RCW **50B.04.050**; and

(e) Adopt rules and procedures necessary to implement and administer the activities specified in this section related to the program.

(5) The office of the state actuary shall:

(a) Beginning January 1, 2024, and biennially thereafter, perform an actuarial audit and valuation of the long-term services and supports trust fund. Additional or more frequent actuarial audits and valuations may be performed at the request of the council;

(b) Make recommendations to the council and the legislature on actions necessary to maintain trust solvency. The recommendations must include options to redesign or reduce benefit units, approved services, or both, to prevent or eliminate any unfunded actuarially accrued liability in the trust or to maintain solvency; and

(c) Select and contract for such actuarial, research, technical, and other consultants as the actuary deems necessary to perform its duties under chapter 363, Laws of 2019.

(6) By October 1, 2021, the employment security department and the department of social and health services shall jointly conduct outreach to provide employers with educational materials to ensure employees are aware of the program and that the premium assessments will begin on January 1, 2022. In conducting the outreach, the employment security department and the department of social and health services shall provide on a public website information that explains the program and premium assessment in an easy to understand format. Outreach information must be available in English and other primary languages as defined in RCW **74.04.025**.

[**2021 c 113 § 2**; **2020 c 98 § 2**; **2019 c 363 § 3**.]

NOTES:

RCW 50B.04.030

Long-term services and supports trust commission—Investment strategy subcommittee.

(1) The long-term services and supports trust commission is established. The commission's recommendations and decisions must be guided by the joint goals of maintaining benefit adequacy and maintaining fund solvency and sustainability.

(2) The commission includes:

(a) Two members from each of the two largest caucuses of the house of representatives, appointed by the speaker of the house of representatives;

(b) Two members from each of the two largest caucuses of the senate, appointed by the president of the senate;

(c) The commissioner of the employment security department, or the commissioner's designee;

(d) The secretary of the department of social and health services, or the secretary's designee;

(e) The director of the health care authority, or the director's designee, who shall serve as a nonvoting member;

(f) One representative of the organization representing the area agencies on aging;

(g) One representative of a home care association that represents caregivers who provide services to private pay and medicaid clients;

(h) One representative of a union representing long-term care workers;

(i) One representative of an organization representing retired persons;

(j) One representative of an association representing skilled nursing facilities and assisted living providers;

(k) One representative of an association representing adult family home providers;

(l) Two individuals receiving long-term services and supports, or their designees, or representatives of consumers receiving long-term services and supports under the program;

(m) One member who is a worker who is, or will likely be, paying the premium established in RCW **50B.04.080** and who is not employed by a long-term services and supports provider; and

(n) One representative of an organization of employers whose members collect, or will likely be collecting, the premium established in RCW **50B.04.080**.

(3)(a) Other than the legislators and agency heads identified in subsection (2) of this section, members of the commission are appointed by the governor for terms of two years, except that the governor shall appoint the initial members identified in subsection (2)(f) through (n) of this section to staggered terms not to exceed four years.

(b) The secretary of the department of social and health services, or the secretary's designee, shall serve as chair of the commission. Meetings of the commission are at the call of the chair. A majority of the voting members of the commission shall constitute a quorum for any votes of the commission. Approval of sixty percent of those voting members of the commission who are in attendance is required for the passage of any vote.

(c) Members of the commission and the subcommittee established in subsection (6) of this section must be compensated in accordance with RCW **43.03.250** and must be reimbursed for their travel expenses while on official business in accordance with RCW **43.03.050** and **43.03.060**.

(4) Beginning January 1, 2021, the commission shall propose recommendations to the appropriate executive agency or the legislature regarding:

- (a) The establishment of criteria for determining that an individual has met the requirements to be a qualified individual as established in RCW 50B.04.050 or an eligible beneficiary as established in RCW 50B.04.060;
- (b) The establishment of criteria for minimum qualifications for the registration of long-term services and supports providers who provide approved services to eligible beneficiaries;
- (c) The establishment of payment maximums for approved services consistent with actuarial soundness which shall not be lower than medicaid payments for comparable services. A service or supply may be limited by dollar amount, duration, or number of visits. The commission shall engage affected stakeholders to develop this recommendation;
- (d) Changes to rules or policies to improve the operation of the program;
- (e) Providing a recommendation to the council for the annual adjustment of the benefit unit in accordance with RCW 50B.04.010 and 50B.04.040;
- (f) A refund of premiums for a deceased qualified individual with a dependent who is an individual with a developmental disability who is dependent for support from a qualified individual. The qualified individual must not have been determined to be an eligible beneficiary by the department of social and health services. The refund shall be deposited into an individual trust account within the developmental disabilities endowment trust fund for the benefit of the dependent with a developmental disability. The commission shall consider:
- (i) The value of the refund to be one hundred percent of the current value of the qualified individual's lifetime premium payments at the time that certification of death of the qualified individual is submitted, less any administrative process fees; and
- (ii) The criteria for determining whether the individual is developmentally disabled. The determination shall not be based on whether or not the individual with a developmental disability is receiving services under Title 71A RCW, or another state or local program;
- (g) Assisting the state actuary with the preparation of regular actuarial reports on the solvency and financial status of the program and advising the legislature on actions necessary to maintain trust solvency. The commission shall provide the office of the state actuary with all actuarial reports for review. The office of the state actuary shall provide any recommendations to the commission and the legislature on actions necessary to maintain trust solvency;
- (h) For the January 1, 2021, report only, recommendations on whether and how to extend coverage to individuals who became disabled before the age of eighteen, including the impact on the financial status and solvency of the trust. The commission shall engage affected stakeholders to develop this recommendation; and
- (i) For the January 1, 2021, report only, the commission shall consult with the office of the state actuary on the development of an actuarial report of the projected solvency and financial status of the program. The office of the state actuary shall provide any recommendations to the commission and the legislature on actions necessary to achieve trust solvency.
- (5) The commission shall monitor agency administrative expenses over time. Beginning November 15, 2020, the commission must annually report to the governor and the fiscal committees of the legislature on agency spending for administrative expenses and anticipated administrative expenses as the program shifts into different phases of implementation and operation. The November 15, 2025, report must include recommendations for a method of calculating future agency administrative expenses to limit administrative expenses while providing sufficient funds to adequately operate the program. The agency heads identified in subsection (2) of this section may advise the commission on the reports prepared under this subsection, but must recuse themselves from the commission's process for review, approval, and submission to the legislature.

(6) The commission shall establish an investment strategy subcommittee consisting of the members identified in subsection (2)(a) through (d) of this section as voting members of the subcommittee. In addition, four members appointed by the governor who are considered experienced and qualified in the field of investment shall serve as nonvoting members. The subcommittee shall provide guidance and advice to the state investment board on investment strategies for the account, including seeking counsel and advice on the types of investments that are constitutionally permitted.

(7) The commission shall work with insurers to develop long-term care insurance products that supplement the program's benefit.

[2021 c 113 § 3; 2019 c 363 § 4.]

RCW 50B.04.040

Long-term services and supports council—Benefit unit adjustment.

(1) The long-term services and supports council is established. The council includes the members identified in RCW 50B.04.030(2) (a) through (e) and the director of the office of financial management, or the director's designee.

(2) On an annual basis, the council must determine adjustments to the benefit unit as provided in the definition of "benefit unit" in RCW 50B.04.010 to assure benefit adequacy and solvency of the long-term services and supports trust account established in RCW 50B.04.100. In determining adjustments to the benefit unit, the council must review the state actuary's actuarial audit and valuation of the trust account, any recommendations by the state actuary and commission, data on relevant economic indicators and program costs, and sustainability.

(3) The director of the office of financial management, or the director's designee, shall serve as chair of the council. The council must meet at least once annually to determine adjustments to the benefit unit as defined in RCW 50B.04.010. Additional meetings of the council are at the call of the chair. A majority of the voting members of the council shall constitute a quorum for any votes of the council. Approval of sixty percent of the members of the council who are in attendance is required for the passage of any vote. The council may adopt rules for the conduct of meetings, including provisions for meetings and voting to be conducted by telephonic, video, or other conferencing process.

(4) Members of the council must be compensated in accordance with RCW 43.03.250 and must be reimbursed for their travel expenses while on official business in accordance with RCW 43.03.050 and 43.03.060.

[2019 c 363 § 5.]

RCW 50B.04.050

Qualified individuals.

(1) The employment security department shall deem a person to be a qualified individual as provided in this chapter if the person has paid the long-term services and supports premiums required by RCW 50B.04.080 for the equivalent of either:

LTC Page 007

(a) A total of ten years without interruption of five or more consecutive years; or

(b) Three years within the last six years from the date of application for benefits.

(2) When deeming a person to be a qualified individual, the employment security department shall require that the person have worked at least five hundred hours during each of the ten years in subsection (1)(a) of this section or each of the three years in subsection (1)(b) of this section.

(3) An exempt employee may never be deemed to be a qualified individual.

[2021 c 113 § 4; 2020 c 98 § 3; 2019 c 363 § 6.]

RCW 50B.04.060

Eligible beneficiaries—Determination—Services and benefits.

(1) Beginning January 1, 2025, approved services must be available and benefits payable to a registered long-term services and supports provider on behalf of an eligible beneficiary under this section.

(2) A qualified individual may become an eligible beneficiary by filing an application with the department of social and health services and undergoing an eligibility determination which includes an evaluation that the individual requires assistance with at least three activities of daily living. The department of social and health services must engage sufficient qualified assessor capacity, including via contract, so that the determination may be made within forty-five days from receipt of a request by a beneficiary to use a benefit.

(3)(a) An eligible beneficiary may receive approved services and benefits through the program in the form of a benefit unit payable to a registered long-term services and supports provider.

(b) An eligible beneficiary may not receive more than the dollar equivalent of three hundred sixty-five benefit units over the course of the eligible beneficiary's lifetime.

(i) If the department of social and health services reimburses a long-term services and supports provider for approved services provided to an eligible beneficiary and the payment is less than the benefit unit, only the portion of the benefit unit that is used shall be taken into consideration when calculating the person's remaining lifetime limit on receipt of benefits.

(ii) Eligible beneficiaries may combine benefit units to receive more approved services per day as long as the total number of lifetime benefit units has not been exceeded.

[2019 c 363 § 7.]

RCW 50B.04.070

Payment of benefits.

(1) Benefits provided under this chapter shall be paid periodically and promptly to registered long-term services and supports providers.

(2) Qualified family members may be paid for approved personal care services in the same way as individual providers, through a licensed home care agency, or through a third option if recommended by the commission and adopted by the department of social and health services.

[2019 c 363 § 8.]

RCW 50B.04.080

Premium assessment—Rate—Collection.

(1) Beginning January 1, 2022, the employment security department shall assess for each individual in employment with an employer a premium based on the amount of the individual's wages. The initial premium rate is fifty-eight hundredths of one percent of the individual's wages. Beginning January 1, 2024, and biennially thereafter, the premium rate shall be set by the pension funding council at a rate no greater than fifty-eight hundredths of one percent. In addition, the pension funding council must set the premium rate at the lowest amount necessary to maintain the actuarial solvency of the long-term services and supports trust account created in RCW **50B.04.100** in accordance with recognized insurance principles and designed to attempt to limit fluctuations in the premium rate. To facilitate the premium rate setting the office of the state actuary must perform a biennial actuarial audit and valuation of the fund and make recommendations to the pension funding council.

(2)(a) The employer must collect from the employees the premiums provided under this section through payroll deductions and remit the amounts collected to the employment security department.

(b) In collecting employee premiums through payroll deductions, the employer shall act as the agent of the employees and shall remit the amounts to the employment security department as required by this chapter.

(3) Nothing in this chapter requires any party to a collective bargaining agreement in existence on October 19, 2017, to reopen negotiations of the agreement or to apply any of the responsibilities under this chapter unless and until the existing agreement is reopened or renegotiated by the parties or expires.

(4)(a) Premiums shall be collected in the manner and at such intervals as provided in this chapter and directed by the employment security department.

(b) To the extent feasible, the employment security department shall use the premium assessment, collection, and reporting procedures in Title **50A** RCW.

(5) The employment security department shall deposit all premiums collected in this section in the long-term services and supports trust account created in RCW **50B.04.100**.

(6) Premiums collected in this section are placed in the trust account for the individuals who become eligible for the program.

(7) If the premiums established in this section are increased, the legislature shall notify each qualified individual by mail that the person's premiums have been increased, describe the reason for increasing the premiums, and describe the plan for restoring the funds so that premiums are returned to fifty-eight hundredths of one percent of the individual's wages.

[2020 c 98 § 4; 2019 c 363 § 9.]

NOTES:

RCW 50B.04.085

Premium assessment—Exemptions.

(1) An employee who attests that the employee has long-term care insurance purchased before November 1, 2021, may apply for an exemption from the premium assessment under RCW 50B.04.080. An exempt employee may not become a qualified individual or eligible beneficiary and is permanently ineligible for coverage under this title.

(2)(a) The employment security department must accept applications for exemptions only from October 1, 2021, through December 31, 2022.

(b) Only employees who are eighteen years of age or older may apply for an exemption.

(3) The employment security department is not required to verify the attestation of an employee that the employee has long-term care insurance.

(4) Approved exemptions will take effect on the first day of the quarter immediately following the approval of the exemption.

(5) Exempt employees are not entitled to a refund of any premium deductions made before the effective date of an approved exemption.

(6) An exempt employee must provide written notification to all current and future employers of an approved exemption.

(7) If an exempt employee fails to notify an employer of an exemption, the exempt employee is not entitled to a refund of any premium deductions made before notification is provided.

(8) Employers must not deduct premiums after being notified by an employee of an approved exemption.

(a) Employers must retain written notifications of exemptions received from employees.

(b) An employer who deducts premiums after being notified by the employee of an exemption is solely responsible for refunding to the employee any premiums deducted after the notification.

(c) The employer is not entitled to a refund from the employment security department for any premiums remitted to the employment security department that were deducted from exempt employees.

(9) The department must adopt rules necessary to implement and administer the activities specified in this section related to the program, including rules on the submission and processing of applications under this section.

[2021 c 113 § 5; 2020 c 98 § 7.]

RCW 50B.04.090

Election of coverage—Self-employed persons.

(1) Beginning January 1, 2022, any self-employed person, including a sole proprietor, independent contractor, partner, or joint venturer, may elect coverage under this chapter. Coverage must be elected before January 1, 2025, or within three years of becoming self-employed for the first time. Those electing coverage under this subsection are responsible for payment of one hundred percent of all premiums assessed to an employee under RCW 50B.04.080. The self-employed person must file a notice of election in writing with the employment security department, in the manner required by the employment security department in rule. The self-employed person is

eligible for benefits after paying the long-term services and supports premium for the time required under RCW **50B.04.050**.

(2) A self-employed person who has elected coverage may not withdraw from coverage.

(3) A self-employed person who elects coverage must continue to pay premiums until such time that the individual retires from the workforce or is no longer self-employed. To cease premium assessment and collection, the self-employed person must file a notice with the employment security department if the individual retires from the workforce or is no longer self-employed.

(4) The employment security department may cancel elective coverage if the self-employed person fails to make required payments or file reports. The employment security department may collect due and unpaid premiums and may levy an additional premium for the remainder of the period of coverage. The cancellation must be effective no later than thirty days from the date of the notice in writing advising the self-employed person of the cancellation.

(5) Those electing coverage are considered employers or employees where the context so dictates.

(6) For the purposes of this section, "independent contractor" means an individual excluded from the definition of "employment" in RCW **50B.04.010**.

(7) The employment security department shall adopt rules for determining the hours worked and the wages of individuals who elect coverage under this section and rules for enforcement of this section.

[**2021 c 113 § 6; 2020 c 98 § 5; 2019 c 363 § 10.**]

NOTES:

RCW **50B.04.095**

Election of coverage—Federally recognized tribe.

A federally recognized tribe may elect coverage under RCW **50B.04.080**. If a federally recognized tribe has elected coverage under this section, it must also have the option to opt out at any time for any reason it deems necessary. The employment security department shall adopt rules to implement this section.

[**2021 c 113 § 7.**]

RCW **50B.04.100**

Long-term services and supports trust account.

(1) The long-term services and supports trust account is created in the custody of the state treasurer. All receipts from employers under RCW **50B.04.080** must be deposited in the account. Expenditures from the account may be used for the administrative activities of the department of social and health services, the health care authority, and the employment security department. Benefits associated with the program must be disbursed from the account by the department of

social and health services. Only the secretary of the department of social and health services or the secretary's designee may authorize disbursements from the account. The account is subject to the allotment procedures under chapter **43.88** RCW. An appropriation is required for administrative expenses, but not for benefit payments. The account must provide reimbursement of any amounts from other sources that may have been used for the initial establishment of the program.

(2) The revenue generated pursuant to this chapter shall be utilized to expand long-term care in the state. These funds may not be used either in whole or in part to supplant existing state or county funds for programs that meet the definition of approved services.

(3) The moneys deposited in the account must remain in the account until expended in accordance with the requirements of this chapter. If moneys are appropriated for any purpose other than supporting the long-term services and supports program, the legislature shall notify each qualified individual by mail that the person's premiums have been appropriated for an alternate use, describe the alternate use, and state its plan for restoring the funds so that premiums are not increased and benefits are not reduced.

[**2019 c 363 § 11.**]

RCW 50B.04.110

Long-term services and supports trust account—Investment—Policies.

(1) The department of social and health services shall have the state investment board invest the funds in the account. The state investment board has the full power to invest, reinvest, manage, contract, sell, or exchange investment money in the account. All investment and operating costs associated with the investment of money shall be paid under RCW **43.33A.160** and **43.84.160**. With the exception of these expenses, the earnings from the investment of the money shall be retained by the accounts.

(2) All investments made by the state investment board shall be made with the degree of judgment and care required under RCW **43.33A.140** and the investment policy established by the state investment board.

(3) As deemed appropriate by the state investment board, money in the account may be commingled for investment with other funds subject to investment by the state investment board.

(4) Members of the state investment board may not be considered an insurer of the funds or assets and are not liable for any action or inaction.

(5) Members of the state investment board are not liable to the state, to the account, or to any other person as a result of their activities as members, whether ministerial or discretionary, except for willful dishonesty or intentional violations of law. The state investment board in its discretion may purchase liability insurance for members.

(6) The authority to establish all policies relating to the account, other than the investment policies as provided in subsections (1) through (3) of this section, resides with the department of social and health services acting in accordance with the principles set forth in this chapter. With the exception of expenses of the state investment board under subsection (1) of this section, disbursements from the account shall be made only on the authorization of the department of social and health services or its designee, and moneys in the account may be spent only for the purposes specified in this chapter.

(7) The state investment board shall routinely consult and communicate with the department of social and health services on the investment policy, earnings of the accounts, and related needs

of the program.

[2019 c 363 § 12.]

RCW 50B.04.120

Appeal of determinations.

(1) Determinations made by the health care authority or the department of social and health services under this chapter, including determinations regarding functional eligibility or related to registration of long-term services and supports providers, are subject to appeal in accordance with chapter 34.05 RCW. In addition, the standards and procedures adopted for these appeals must address the following:

- (a) Timelines;
- (b) Eligibility and benefit determination;
- (c) Judicial review; and
- (d) Fees.

(2) Determinations made by the employment security department under this chapter are subject to appeal in accordance with the appeal procedures under Title 50A RCW. The employment security department shall adopt standards and procedures for appeals for persons aggrieved by any determination or redetermination made by the department. The standards and procedures must be consistent with those adopted for the family and medical leave program under Title 50A RCW and must address topics including:

- (a) Premium liability;
- (b) Premium collection;
- (c) Judicial review; and
- (d) Fees.

[2020 c 98 § 6; 2019 c 363 § 13.]

NOTES:

RCW 50B.04.130

Medicare data and waiver—Report.

The department of social and health services must:

(1) Seek access to medicare data from the federal centers for medicare and medicaid services to analyze the potential savings in medicare expenditures due to the operation of the program;

(2) Apply for a demonstration waiver from the federal centers for medicare and medicaid services to allow for the state to share in the savings generated in the federal match for medicaid long-term services and supports and medicare due to the operation of the program;

(3) Submit a report, in compliance with RCW **43.01.036**, on the status of the waiver to the office of financial management and the appropriate committees of the legislature by December 1, 2022.

[**2019 c 363 § 14.**]

RCW 50B.04.140

Reports to legislature.

Beginning December 1, 2026, and annually thereafter, and in compliance with RCW **43.01.036**, the commission must report to the legislature on the program, including:

- (1) Projected and actual program participation;
- (2) Adequacy of premium rates;
- (3) Fund balances;
- (4) Benefits paid;
- (5) Demographic information on program participants, including age, gender, race, ethnicity, geographic distribution by county, legislative district, and employment sector; and
- (6) The extent to which the operation of the program has resulted in savings to the medicaid program by avoiding costs that would have otherwise been the responsibility of the state.

[**2019 c 363 § 15.**]

RCW 50B.04.150

Benefits not income or resource.

Any benefits used by an individual under this chapter are not income or resources for any determinations of eligibility for any other state program or benefit, for medicaid, for a state-federal program, or for any other means-tested program.

[**2019 c 363 § 16.**]

RCW 50B.04.160

Entitlement not created.

Nothing in this chapter creates an entitlement for a person to receive, or requires a state agency to provide, case management services including, but not limited to, case management services under chapter **74.39A** RCW.

[**2019 c 363 § 17.**]

RCW 50B.04.900

Findings—2019 c 363.

The legislature finds that:

(1) Long-term care is not covered by medicare or other health insurance plans, and the few private long-term care insurance plans that exist are unaffordable for most people, leaving more than ninety percent of seniors uninsured for long-term care. The current market for long-term care insurance is broken: In 2002, there were one hundred two companies offering long-term care insurance coverage, but today that number is only twelve.

(2) The majority of people over sixty-five years of age will need long-term services and supports within their lifetimes. The senior population has doubled in Washington since 1980, to currently over one million, and will more than double again by 2040. Without access to insurance, seniors must rely on family care and spend their life savings down to poverty levels in order to access long-term care through medicaid. Middle class families are at the greatest risk because most have not saved enough to cover long-term care costs. When seniors reach the point of needing assistance with eating, dressing, and personal care, they must spend down to their last remaining two thousand dollars before they qualify for state assistance, leaving family members in jeopardy for their own future care needs. In Washington, more than eight hundred fifty thousand unpaid family caregivers provided care valued at eleven billion dollars in 2015. Furthermore, family caregivers who leave the workforce to provide unpaid long-term services and supports lose an average of three hundred thousand dollars in their own income and health and retirement benefits.

(3) Paying out-of-pocket for long-term care is expensive. In Washington, the average cost for medicaid in-home care is twenty-four thousand dollars per year and the average cost for nursing home care is sixty-five thousand dollars per year. These are costs that most seniors cannot afford.

(4) Seniors and the state will not be able to continue their reliance on family caregivers in the near future. Demographic shifts mean that fewer potential family caregivers will be available in the future. Today, there are around seven potential caregivers for each senior, but by 2030 that ratio will decrease to four potential caregivers for each senior.

(5) Long-term services and supports comprise approximately six percent of the state operating budget, and demand for these services will double by 2030 to over twelve percent. This will result in an additional six billion dollars in increased near-general fund costs for the state by 2030.

(6) An alternative funding mechanism for long-term care access in Washington state could relieve hardship on families and lessen the burden of medicaid on the state budget. In addition, an alternative funding mechanism could result in positive economic impact to our state through increased state competition and fewer Washingtonians leaving the workforce to provide unpaid care.

(7) The average aging and long-term supports administration medicaid consumer utilizes ninety-six hours of care per month. At current costs, a one hundred dollars per day benefit for three hundred sixty-five days would provide complete financial relief for the average in-home care consumer and substantial relief for the average facility care consumer for a full year or more.

(8) Under current caseload and demographic projections, an alternative funding mechanism for long-term care access could save the medicaid program eight hundred ninety-eight million dollars in the 2051-2053 biennium.

(9) As the state pursues an alternative funding mechanism for long-term care access, the state must continue its commitment to promoting choice in approved services and long-term care settings. Therefore, any alternative funding mechanism program should be structured such that:

- (a) Individuals are able to use their benefits for long-term care services in the setting of their choice, whether in the home, a residential community-based setting, or a skilled nursing facility;
 - (b) The choice of provider types and approved services is the same or greater than currently available through Washington's publicly funded long-term services and supports;
 - (c) Transitions from private and public funding sources for consumers are seamless;
 - (d) Long-term care health status data is collected across all home and community-based settings; and
 - (e) Program design focuses on the need to provide meaningful assistance to middle class families.
- (10) The creation of a long-term care insurance benefit of an established dollar amount per day for three hundred sixty-five days for all eligible Washington employees, paid through an employee payroll premium, is in the best interest of the state of Washington.

[2019 c 363 § 1.]

What is the WA Cares Fund?

WA Cares is a new fund to which we all contribute when we're working. Through it we can access long-term care when we need it.

A Long-Term
Care Fund
For Everyone.

How Does WA Cares Work?

Benefits

You can receive services and supports worth up to \$36,500 (adjusted annually up to inflation) over your lifetime. You choose how to use your benefits – for example, you can hire a home-care aide, pay a family member, make home modifications, or receive care in a residential setting or nursing home. Anyone who needs help with at least three activities of daily living, such as eating, bathing, or toileting, who has met the vesting requirements below is eligible.

Contributions

WA Cares is self-funded entirely by worker contributions. The premium is 0.58% (your wages x 0.0058). For the typical worker earning \$52,075, it is \$302/year. To earn benefits, you must contribute at least 10 years (without a break of 5 or more years) or have contributed 3 of the past 6 years at time of application for benefits.

We've Got Tomorrow Covered

Protect Your Retirement Savings



7 in 10 of us will need long-term care. Medicare doesn't pay for it. With WA Cares, most of us will no longer need to deplete our life savings to get care.

Employees who do not wish to participate in WA Cares will need to purchase private insurance. Private premiums can be much more expensive and are owed till the day you die or need care and can be hard to afford on a fixed income. WA Cares offers affordable coverage, and you stop contributing the day you retire. When comparing cost, compare lifetime – not annual – cost.

Key Dates

October 1, 2021 – December 31, 2022

Window to apply for coverage exemption.

October 31, 2021

Deadline for having private insurance to qualify for a lifelong exemption.

January 1, 2022

Premiums begin for employees.

Self-employed can opt in to coverage.

January 1, 2025

Benefits become available to qualified, eligible individuals.

Protect Your Family



Most of us can't afford long-term care when we need it. Our loved ones end up having to pay for – or provide – the care we need.

Family caregivers often have to reduce work hours, turn down promotions, or leave the workforce, sacrificing their own economic and retirement security. With WA Cares, you and your family will have money to hire a professional caregiver if you so desire, or a loved one can be your paid caregiver.

Learn More

Visit wacaresfund.wa.gov and get answers to your questions at wacaresfund.wa.gov/learn-more

Attend a live webinar. Sessions are held weekly.

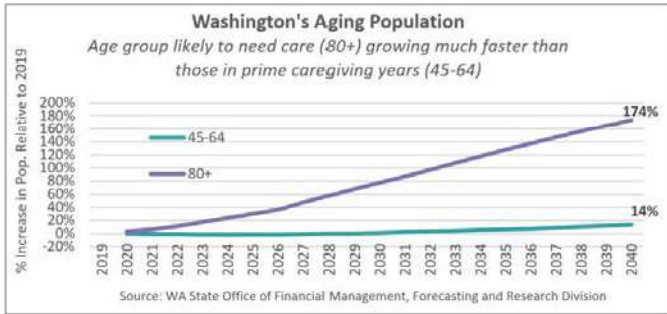
View dates at wacaresfund.wa.gov/learn-more



Washington State
Department of Social
& Health Services

Transforming lives

The Challenge



7 in 10 of Us Will Need Long-Term Care as We Age

Families are becoming less able to meet the needs of older adults. The ratio of potential caregivers to older adults will decline from 7:1 in 2019 to 3:1 in 2040.



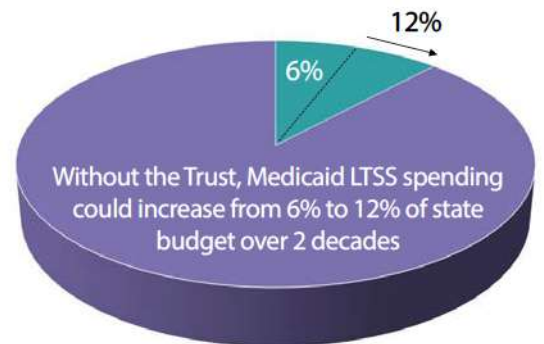
Long-Term Care is Expensive

\$33k to \$66k annually for 20 to 40 hours/week of home care
\$69k to \$131k annually for facility care

Most Seniors Can't Afford Long-Term Care

\$56k is the median income of Washington seniors
Half have no 401(k) or pension income

\$ Without the Trust, people must spend down their savings to qualify for Medicaid long-term services and supports (LTSS).



The LTSS Trust

Governor Inslee signs the bill into law.

2019

Working Washingtonians begin paying premiums.

2022

Benefits begin for qualified beneficiaries.

2025

Like Social Security:

- LTSS Trust is affordable insurance to protect us all against a risk most of us will face.
- We pay in while working and receive benefits when we need them.
- Contributions can only be used for Trust benefits.

0.58% of wages

A typical Washington earner making \$52,075 annually will contribute \$302 a year, or \$25.17 a month.

If you are **self-employed**, you can opt into the Trust.

The Benefits

The benefit can be used for a range of services and supports, such as:

- Professional in-home care, nursing home stays and other long-term care
- Adaptive equipment and assistive technology
- Home accessibility modifications
- Support for family members who are providing care
- Home-delivered meals
- Rides to the doctor

To receive the benefit, you must have contributed:

- At least 10 years without a break of 5 or more years, or
- 3 of the past 6 years and have a need for assistance with activities of daily living

\$36.5K Each person is entitled to a lifetime benefit of \$36,500 to pay for long-term services and supports.

\$3.7B By reducing the burden on the state's Medicaid system, the Long-Term Services and Supports Trust Act will save taxpayers \$3.7 billion by 2052.

WA Cares Fund FAQ

Frequently Asked Questions

[Benefits offered and care need](#)

Is there a daily limit to WA Cares Fund benefits?

WA Cares Fund is a flexible benefit you can use to meet your care needs up to \$36,500 with no daily limit.

What services will WA Cares Fund provide?

WA Cares Fund will pay for care where you need it, whether it's in-home or in a facility. You can hire a home care aide and pay a qualified family member (including a spouse) to provide care. You can use funds flexibly to make home modifications so you can get around better, purchase a home safety evaluation so you can prevent avoidable falls, and have meals delivered to your door. You can purchase equipment, assistive devices, medication reminders, and transportation to the doctor. If you are being supported by an unpaid family caregiver, you can hire a home care aide to give them a break or get your family members the training they need to feel supported. These are just some of the services WA Cares Fund will offer. Others include dementia supports, memory care, care transitions, personal emergency response systems, and more.

How long will \$36,500 typically last?

Twenty hours of home care per week for one year costs around \$32,000 in Washington State. The typical DSHS long-term care client uses 96 hours per month. WA Cares Fund can provide complete financial relief for families who are paying out of pocket for in-home long-term care for a full year and substantial relief for individuals who receive care in a residential setting. According to AARP, 48% of people who need long-term care only need it for one year or less.

How will the department decide if I have a need for long-term care?

DSHS will ask you questions about your activities of daily living and the support you need. If you need assistance with at least three activities of daily living, you are eligible for benefits. This may be based on self-report and could be verified by a health professional. The types of activities DSHS will

WA Cares Fund FAQ

ask you about are eating, bathing, walking, or moving around in a wheelchair, dressing, getting in and out of a chair and your ability to move around once you are in bed, using the bathroom, managing your medications, personal hygiene, and body care. DSHS will also ask about cognition and any memory/cognitive impairments that impact your daily life. Once you are determined eligible, you have access to the lifetime \$36,500 benefit to use flexibly to address your needs.

Employer information

What long-term care insurance policies qualify for an exemption?

The Office of the Insurance Commissioner (OIC) has [defined criteria](#) that private policies must meet to qualify.

How will I know if any of my employees are exempt?

Employees must notify and give you a copy of their approved exemption letter from the Employment Security Department.

Our company supplies long-term care insurance for our employees. Can we apply for an exemption on behalf of our employees?

No. Employees get to choose if they want an exemption from WA Cares coverage, or if they want to use WA Cares to supplement the benefits you're already offering. If they choose to apply for an exemption, they have to do it themselves.

Can I cover the cost of my employees' premiums?

Yes. You have the option to pay WA Cares premiums on your employees' behalf.

Do we have to collect premiums for employees who don't live in Washington?

Businesses will need to collect WA Cares premiums for employees whose work is localized in Washington. Generally, you'll collect premiums for WA Cares from the same employees you pay premiums on for Paid Family and Medical Leave.

Do WA Cares contributions top out at the Social Security cap?

No. Unlike Paid Family and Medical Leave, premium contributions do not top out at the taxable maximum for Social Security.

WA Cares Fund FAQ

How do I know if my employees have approved exemptions?

It is the employee's responsibility to notify and give you a copy of their approval letter from ESD, which contains the date their exemption goes into effect. Once you are provided the letter and the effective date has passed, you must stop withholding premiums. Employers must return incorrectly withheld premiums to the employee.

Exemptions

What long-term care insurance policies qualify for an exemption?

The Office of the Insurance Commissioner (OIC) has [defined criteria](#) that private policies must meet to qualify.

Will the long-term care insurance offered by my employer qualify me for an exemption?

Maybe. [It has to meet criteria](#), defined by the Office of the Insurance Commissioner (OIC), for private policies to qualify. You can apply for an exemption from Oct. 1, 2021 through Dec. 31, 2022. The Employment Security Department (ESD) may audit your application and request more information from you.

NOTE: You only pay WA Cares Fund premiums while you're working—not after retirement. Private long-term care insurance usually requires continuous payments. If you don't keep up, your policy could lapse and leave you without coverage. Individuals with approved exemptions will never be eligible for WA Care benefits.

When do I need a qualifying long-term care insurance policy to be eligible for an exemption?

You must have purchased a qualifying long-term care insurance policy before November 1, 2021. [Here are some things you may want to consider.](#)

I have a long-term care rider on my life insurance policy. Does this qualify me for an exemption?

Maybe. Check the [Office of the Insurance Commissioner's website](#) to learn more about what qualifies as private long-term care insurance in Washington state.

If I get approved for an exemption, will I need to reapply annually?

No. Once approved, you don't need to reapply. But remember, an exemption from WA Cares is a lifetime exemption. **You'll be permanently excluded**

WA Cares Fund FAQ

from coverage and benefits—even if you're unable to afford to maintain your private insurance policy in the future. Before applying for an exemption, be sure your private insurance plan will meet your long-term care needs for life.

When can I apply for an exemption?

Applications for exemption will be available in October 2021. The last day to apply for an exemption is December 31, 2022.

If I miss the deadline to apply, can I still be exempt from the program?

No. The Employment Security Department (ESD) can only accept applications for exemption from October 1, 2021 through December 31, 2022.

If I'm exempt, how do I let my employer know so they don't withdraw premiums from my pay?

After your application is approved, the Employment Security Department (ESD) will send you an approval letter. You must supply a copy of your approval letter to all current and future employers to avoid having premiums withdrawn from your wages. [Learn more](#)

Can I opt back into WA Cares if I lose my private long-term care coverage?

No. Exemptions are permanent. [Learn more](#)

Do my VA benefits qualify me for the exemption?

To qualify for an exemption, you must:

- Have long-term care insurance in place or purchased before 11/1/2021
- Be at least 18
- Apply to ESD for an exemption.

VA benefits aren't a 'one-size fits all' type of benefit. Not everyone who's eligible for VA benefits may be eligible for long-term care services. To find out if your benefits include long-term care, please go to the [U.S. Department of Veterans Affairs](#) and [Veterans Homes | WDVA \(wa.gov\)](#) where long-term care is referenced for veterans who are rated 70 to 100 percent Service Connected Disabled. If you have long-term care available to you through the VA, you may qualify for an exemption.

When will I find out if my application has been approved?

If you've completed your application for an exemption from WA Cares on or before Dec. 1, ESD will process it before premiums take effect in January.

WA Cares Fund FAQ

We're reviewing applications in the order we received them and will send you a confirmation email after we process your application.

We're working as quickly as we can, but we can only guarantee we'll process your application before the end of the year if you submit on or before Dec. 1. Please note, our customer care specialists can't quote timelines for individual applications.

Other questions

Is there cash value if you never use it?

WA Cares Fund is a universal long-term care program that works like Social Security, where all workers participate and earn coverage over the course of their careers. There is no option to cash out the contributions you've made if you do not use benefits.

I'm a federal employee. Can I participate in WA Cares?

WA Cares is not available to federal government employees, including active duty military employees. If, however, you work for a military department that is considered a Washington state employer, you will be included in WA Cares Fund.

Who is the underwriter for WA Cares Fund?

WA Cares Fund is a universal long-term care program that works like Social Security, where all workers participate and earn coverage over the course of their careers. This program does not have underwriting and is fully funded by pooling worker's wages and investing them with the State of Washington for WA Cares Fund beneficiaries to use when they need long-term care.

Are Statutory W-2 Employees subject to the payroll tax being implemented in January of next year?

Definitions for who contributes to the WA Cares Fund (Long-Term Services and Supports or LTSS) in [RCW 50B.04.010](#) refer back to the Paid Family and Medical Leave Program (PFML) definitions in [RCW 50A.05.010](#). This includes the definition of "Employment" in (8). If premiums are not assessed for the PFML program, they will not be assessed for WA Cares Fund.

How to know if an exemption is right for you

Already have a long-term care plan?

WA Cares can supplement private long-term care benefits, especially if you won't retire for three or more years. You can also choose to apply for an exemption from WA Cares coverage. Learn more about [vesting in WA Cares Fund](#).

Considering a private long-term care insurance plan?

You may be able to purchase a new private policy before Nov. 1, 2021. If you do, you can still participate in WA Cares Fund or — if you've purchased a qualifying plan — you can apply for an exemption from the public benefit.

Your choice is permanent

If you apply and are approved for an exemption, you'll be permanently disqualified from WA Cares. This means you may never re-enroll and you'll be prohibited from getting WA Cares benefits, even if you need them.

Differences between WA Cares Fund and private long-term care insurance plans

WA Cares Fund Exemption Website Page

WA Cares Fund

You only pay WA Cares Fund premiums while you're working—not after retirement

You can access benefits after three years of contributions. And after paying into the WA Cares Fund for ten years, the money is available to you for life. Learn more about [temporary](#) and [permanent](#) vesting.

WA Cares will provide you with coverage as long as you've worked long enough to vest and retire in Washington state. Learn more about [temporary](#) and [permanent](#) vesting.

No matter your age or health status, the WA Cares Fund provides affordable long-term care coverage.

Private insurance plans

Private long-term care insurance usually requires continuous payments. If you don't keep up, your policy could lapse and leave you without coverage.

If you stop paying your premium, you may lose your coverage.

The cost of private group policies, like those provided by some employers, may change if you leave that employer or retire.

Private insurers may deny coverage based on age or health status.

WA Cares Fund Exemption Website Page

WA Cares Fund

The current rate for WA Cares premiums is only 0.58 percent of your earnings. For someone with annual wages of \$50,000, that's \$290 a year in premiums.

You can use your WA Cares benefits as soon as you're vested and found eligible. After you're determined eligible, private plans may require a waiting period before paying benefits.

WA Cares can pay for in-home care, facility care, equipment, training, consultation, meal delivery and family-provided care. [Learn more about WA Cares benefits.](#)

Private insurance plans

Private plans may cost more depending on age or health status, and rates can fluctuate. The [Office of the Insurance Commissioner](#) has seen rate increases ranging from 20 to 79 percent.

After you're determined eligible, private plans may require a waiting period before paying benefits.

Private plans may limit benefits or have extra requirements for accessing benefits.

Applying for an exemption

Requirements

To apply for a permanent exemption, you must:

- Have purchased a qualifying private long-term care insurance plan before Nov. 1, 2021. [Learn more about what qualifies as a long-term care policy](#) under [state law](#).
- Be at least 18 years of age.
- Submit an exemption application to the Employment Security Department (ESD). **Exemption applications became available on Oct. 1, 2021. ESD can only accept exemption applications through Dec. 31, 2022.**

Next steps

ESD will review your application and notify you if you're eligible for an exemption from WA Cares coverage.

If your application is approved

You'll get an exemption approval letter from ESD, at which point you'll be:

- Expelled from the program with no option to re-enroll.
- Disqualified from accessing WA Cares benefits in your lifetime.
- Required to present your exemption approval letter to all current and future employers. **If you fail to present your ESD approval letter, employers will withhold non-refundable WA Cares premiums.**

Exemptions will take effect the quarter after your application is approved.

[APPLY FOR AN EXEMPTION](#)

WA Cares Fund Exemption Website Page

[Need assistance?](#)

Learn more

Need more info?

- Visit our [Learn More](#) page to read our frequently asked questions, including specific questions about [exemptions](#).
- Email wacaresexemptions@esd.wa.gov and a member of our team at the Employment Security Department will follow up with you.
- Call the Employment Security Department's WA Cares representatives at the [\(833\) 717-2273](tel:(833)717-2273).



For Consumers

What qualifies as long-term care insurance?

Long-term care (LTC) insurance, according to [Washington state law \(leg.wa.gov\)](http://leg.wa.gov), is an insurance policy, contract or rider that provides coverage for at least 12 consecutive months to an insured person if they experience a debilitating prolonged illness or disability. LTC insurance typically covers the following types of services if they're provided in a setting other than a hospital's acute care unit:

- | Diagnostic
- | Preventive
- | Therapeutic
- | Rehabilitative
- | Maintenance
- | Personal care

LTC insurance typically pays benefits when an insured person can no longer independently do two or more of the following activities of daily living (ADLs):

- | Bathe
- | Go to the bathroom
- | Eat
- | Dress

- Transfer (such as getting out of a chair or bed)
- Control their bladder or bowels (continence)

LTC insurance may be included as a rider on some life insurance and annuity policies. However, some life insurance policy riders don't qualify as long-term care insurance in our state according to the [definition of LTC insurance as defined in RCW 48.83.020 \(leg.wa.gov\)](#). See a [list of companies approved to sell long-term care insurance in Washington state](#).

If you have questions about benefits or exemptions regarding the new WA Cares Fund (created as part of the Long-term Services and Supports Trust Act), [visit the WA Cares Fund website \(wacaresfund.wa.gov\)](#).

What riders qualify as long-term care insurance?

The Office of the Insurance Commissioner (OIC) considers long-term care riders to be a form of LTC insurance if they meet clearly defined benefit requirements.

To qualify as LTC in Washington state, a long-term care rider attached to a life insurance or annuity policy must pay a benefit dedicated to cover long-term care services. A rider that specifies its benefits pay for long-term care services, as opposed to a lump sum or payments to be used at the discretion of the insured, can be considered LTC insurance. As such, it will be subject to most of the same requirements the OIC applies to LTC insurance.

LTC insurance also includes "qualified" long-term care insurance riders to life insurance policies. These are also called federally tax-qualified long-term care insurance riders and they satisfy the requirements of sections 7702B(b) and (e) of the internal revenue code of 1986, as amended.

What riders do not qualify as long-term care insurance?

A type of rider found in some life insurance policies called an accelerated death benefit does not qualify as LTC insurance. An accelerated death benefit is when the death benefit of a life insurance policy is gradually reduced and converted to cash payments following the diagnosis of a terminal illness. For an accelerated death benefit to qualify as LTC insurance, the rider must comply with all the long-term care regulations and will refer to long-term care services in the name of the rider. An example is an "Acceleration of Death Benefit for Qualified Long-Term Care Services."

Another common type of rider known as a critical illness rider does not meet the statutory definition of LTC insurance in Washington state. Like an accelerated death benefit, a critical illness rider on a life insurance or annuity policy converts the value of a policy or contract to cash payments if an insured has been diagnosed with a chronic illness.

These two types of riders are known as “accelerated benefits,” as defined by [WAC 284-23-620 \(leg.wa.gov\)](#). Unlike LTC insurance, which requires the insured to no longer be able to perform two or more ADLs, accelerated benefits may be triggered after a single qualifying event. The OIC determined accelerated benefit riders and critical illness riders do not qualify as LTC insurance products. This is mainly because their benefits are paid to the insured without requiring the funds to be used for long-term care services. Under Washington state law, accelerated benefits cannot be sold or advertised as LTC insurance.

Still not sure if your policy or contract qualifies as LTC insurance?

Contact your insurance company to find out if the product you’ve bought or want to buy complies with the [Washington Insurance Code \(Title 48\) \(leg.wa.gov\)](#), [Washington Administrative Code \(Title 284\) \(leg.wa.gov\)](#) and is [an approved company through the OIC or Insurance Interstate Product Regulation Commission \(IIPRC\)](#).

Riders filed with the IIPRC under the “Individual Standards for Accelerated Death Benefits” (ACCDB) standards are not long-term care insurance products.

Riders filed with the IIPRC under “Individual Long Term Care (iLTC) Uniform Standards are long term care insurance products.

SEE ALSO

Long-term care insurance companies approved to sell in Washington state

WA Cares Fund (www.wacaresfund.wa.gov)

The Insurance Commissioner’s role and the state’s new long-term care tax, also known as the WA Cares Fund (PDF, 80.49 KB)

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Long-term care

What qualifies as long-term care insurance?

Long-term care insurance companies approved to sell in Washington state

Long-term care insurance rate increases

Washington state Long-Term Care Partnership Program

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