King County
MOBILITY COALITION

King County Mobility Coalition:
Access to Health and Wellbeing Workgroup

October 1st, 2025

Agenda

- Welcome + Introductions
- Navigating WA Cares in King County
- Impact of Federal Changes on Apple Health for Immigrants and Refugees
- Roundtable Sharing
- Next Steps & Close

King County
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KCMC Welcomes Everyone

The King County Mobility Coalition welcomes and values all communities. We value, respect, and honor the identity and experience of all members.

We encourage everyone to participate, regardless of ability. We are committed to listening, learning, and improving in this process.

We acknowledge that the work we do takes place on the traditional land of the Coast Salish and Duwamish peoples, among others, as the first people of this county. We honor with gratitude the land itself and past, present, and future of these tribes.

Introductions

Please share in the chat:

- Your name
- Pronouns, if comfortable
- Organization/Affiliation
- To be added to our distribution list contact Heather Clark at hclark@hopelink.org

Navigating WA Cares in King County

-Brian Sindel

King County
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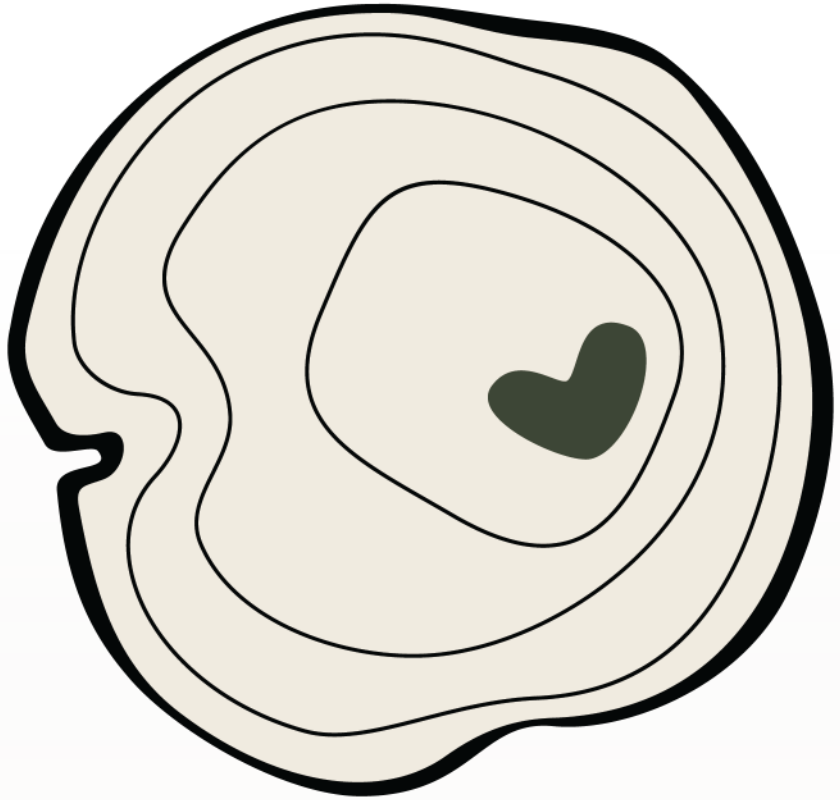
Becoming a WA Cares provider in King County: What you need to know

Washington State Department of Social & Health Services
Transforming lives

Employment Security Department
WASHINGTON STATE

Washington State Health Care Authority

How are you feeling about WA Cares?

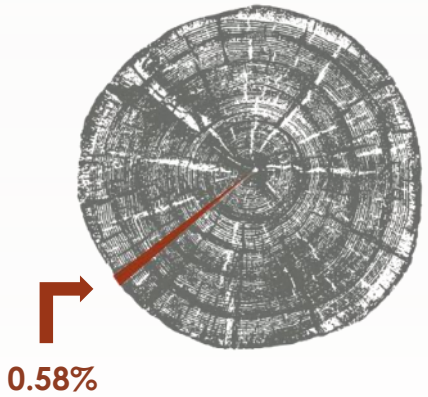


WA Cares Fund can help

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

Typical Income:
$50,091

Typical Contribution:
$291/year



Contributions

0.58%

Amount workers contribute from wages

Contributions began

Benefits

$36,500

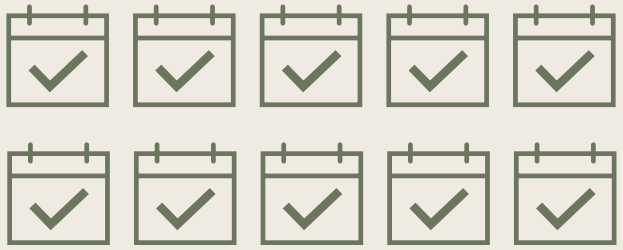
Lifetime maximum benefit (adjusted annually up to inflation)

Benefits available

Qualifying for benefits

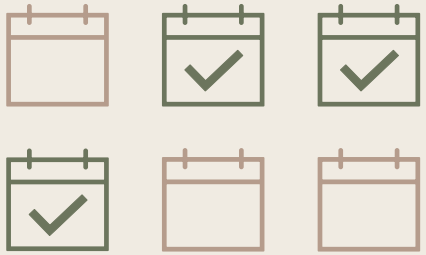
Lifetime access to full benefit

Contributed **at least 10 years**



Early access to full benefit

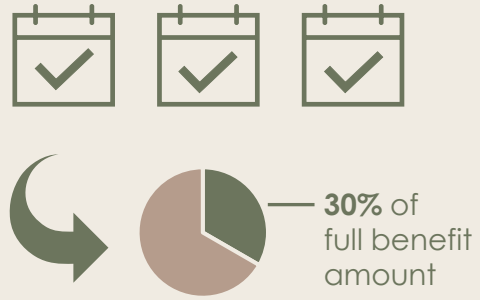
Contributed at least **3 of the last 6 years** at the time you apply for benefits



FOR NEAR-RETIREES

Lifetime access to partial benefit

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



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

Care needs requirement

Must need help with 3 activities of daily living for at least 90 days.

Mobility

Getting from one place to another within your immediate environment and from outside your home to inside your home.

Transferring

Moving between surfaces such as to and from a bed, a chair, wheelchair or standing position.

Bed mobility

Moving to and from a lying position, turning side-to-side and positioning your body while in bed, in a recliner or other furniture used for sleeping.

Bathing

Washing your body, including showers, baths, sponge baths or bed baths. Getting into and out of a shower or bathtub.

Eating

How you eat and drink, including any method of receiving nutrition by mouth, tube or through a vein. It does not include any set-up help received.

Medication management

Organizing and taking prescription medications, over the counter medications or supplements.

Toileting

How you use a toilet, commode, bedpan, or urinal to eliminate, and how you transfer on and off a toilet, perform associated hygiene and adjust clothing.

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AAA-Contracted Providers

- Adult day services (including adult care and adult day health)
- Dementia and behavioral support
- Education and consultation
- Environmental modification
- Home-delivered meals
- Home safety evaluations
- In-home personal care and respite
- Personal emergency response system
- Professional nursing services
- Housework and errands, yardwork and snow removal
- Transportation

Becoming a WA Cares provider

Step 1	Step 2	Step 3
Apply & meet minimum qualifications	Contract with DSHS or AAA	DSHS issues your registration

- **Depending on service and location, DSHS or an Area Agency on Aging may be responsible for:**

- **Processing applications**
- **Managing Contracts**
- **Monitoring Providers**

DSHS has sole responsibility for registration and termination of registration

Contracting and Registration

Contracting

Next step after application approved

Will receive new client service contract for signature

Contract length is either 2 or 4 years depending on service

Registration

Officially a registered provider once contract is complete

Must have valid contract to be registered

Removed if contract terminated/ends

Automatically added to WA Cares Provider Directory

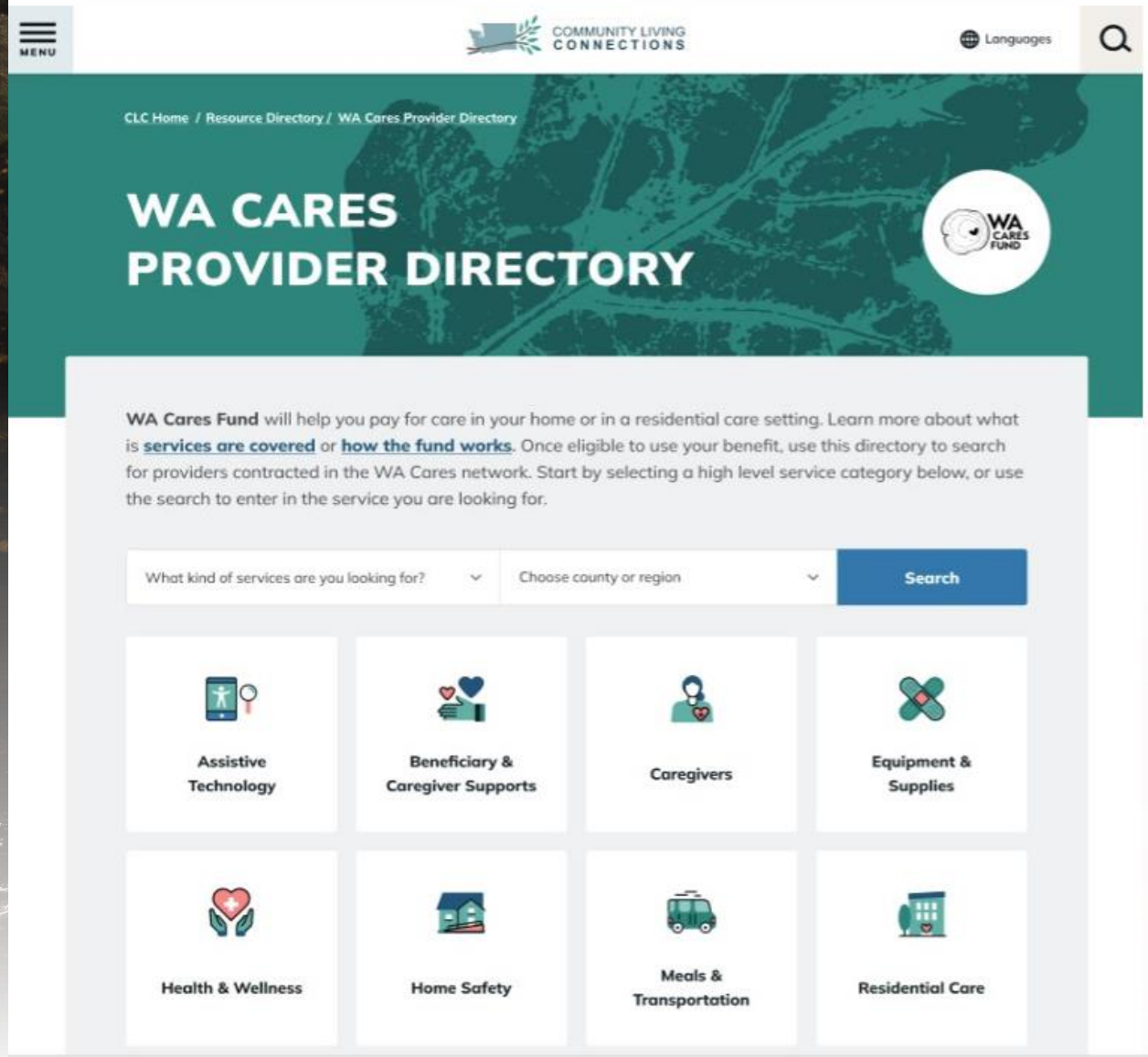
Registration Requirements

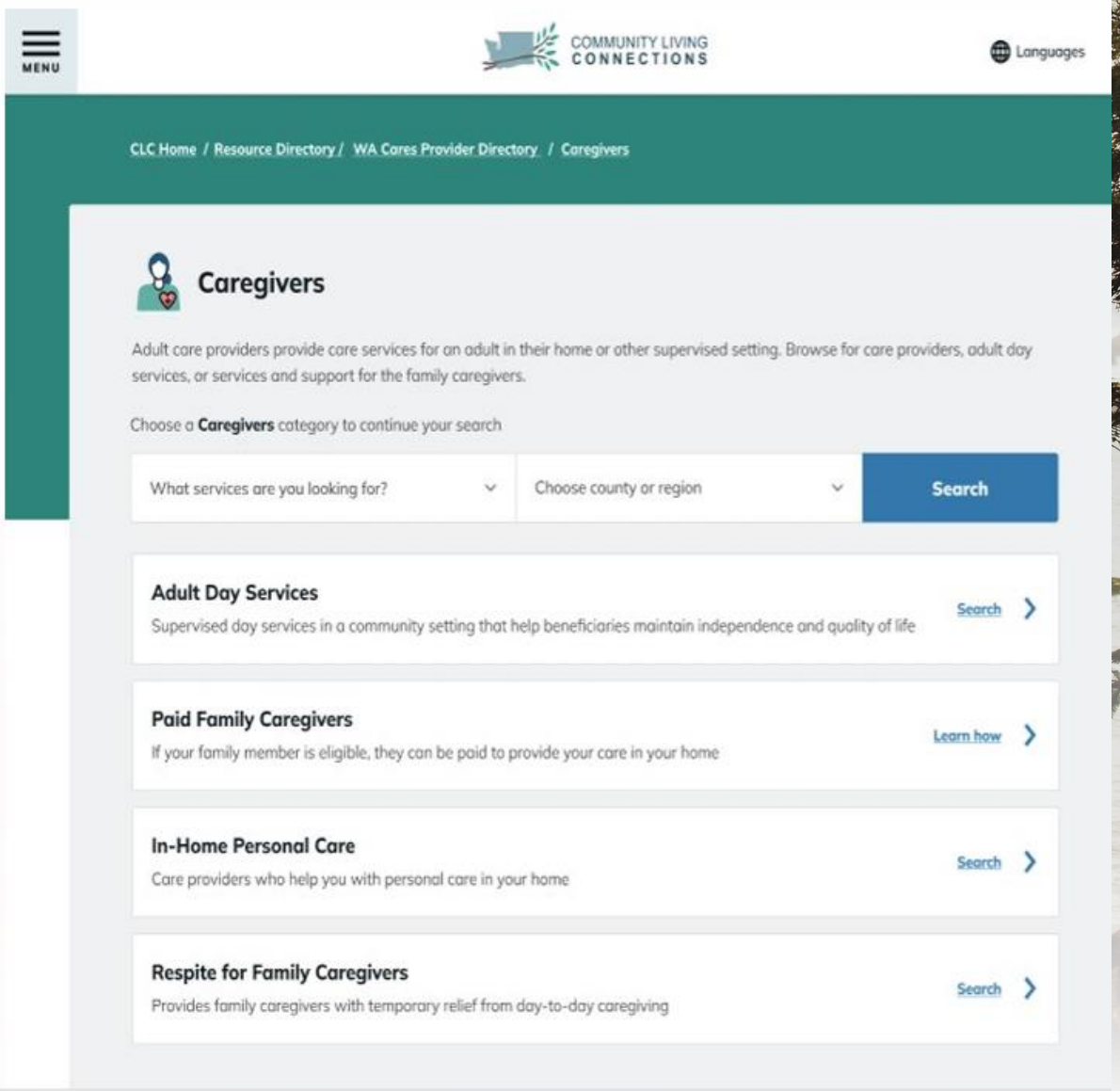
- Comply with all service specific statues and rules (federal, state, local)
- Comply with background check requirements
- Meet minimum qualifications (must hold all current licenses, credentials, certifications, trainings, and other requirements for your service type)
- Meet insurance requirements (aligned with Medicaid)
- Not have a contract terminated with DSHS for cause/default

WA Cares Provider Directory

- No case managers – beneficiaries find and contact providers
- Online WA Cares Provider Directory
  - Hosted by Community Living Connections (CLC)
- Your listing includes:
  - Your name
  - Service(s) you provide
  - Your contact information
  - Additional languages you offer

Community Living Connections (CLC) – Provider Directory





Rates

- Beneficiaries and providers agree to terms and rate

- WA Cares will pay within your usual, customary and reasonable rate range up to maximum rate for that service – currently in rulemaking

Transportation

ervice code	Modifier	Service name	Unit type	Maximum rate as of January 1, 2026	Monthly maximum
0215	U2	Transportation, mileage, other	MI	Current IRS rate	$412.00 (Combined S0215 and T2003) 260 miles per month
2003	N/A	Transportation expense	EA	$412.00	$412.00 (Combined S0215 and T2003)

Abbreviation	Units
EA	Each
MI	Miles

Pre-authorizations

- Cannot begin providing/billing until approved
  - You must discuss rates/services with beneficiary before drafting pre-authorization
  - You draft pre-authorizations in ProviderOne
  - Beneficiary receives notification in their WA Cares account
    - 30 days to take action on a pre-authorization
    - Must resubmit if no action taken
- Preauthorization length
  - Good for up to 90 days, except for:
    - Care transition coordination: up to 60 days
    - Environmental modifications: up to 6 months
  - To continue services after, submit new pre-authorization

JANE SMITH

Last logged in on

WA Cares ID: 26000003501
ProviderOne ID:

You have 1 pending pre-authorizations to review

You must approve each pre-authorization before services can be provided or purchases completed. Pre-authorizations will expire if you do not approve or deny by the Action Required Date. These funds are already held from your balance. It may take up to 24 hours for your available benefit balance to reflect a denied pre-authorization.

Action Required Date	Provider name	Service	Total Cost	Status	Review details
01/28/2025	XYZ In-Home Care	In-home Personal Care (per 15 minutes)	$4,560.00	Action required	Review

Total pending pre-authorizations: $4,560.00

Action required

XYZ In-Home Care

Pre-authorization number: 123456789123wcf

Total pre-authorization cost: $4,560.00

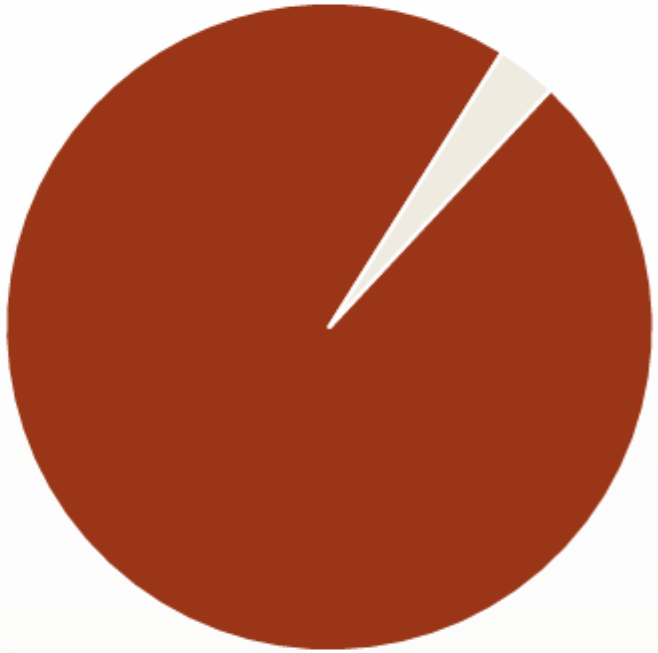
Date received: 1/28/2025

Action required by: 2025-01-27 or the pre-authorization will expire and the total cost will return to your benefit balance within 24 hours.

Comments:

Claims for payment

- Submit in ProviderOne for processing
- Must submit clean claim by 60 calendar days from end date of pre-authorization
- Claims submitted after this deadline will be denied and funds will return to beneficiary's balance



97%

97% submitted
within 60 days of service

Major milestones

OCTOBER 2025

Application opens for all providers

JAN 2026

Pilot in Lewis, Mason, Thurston, Spokane counties

MAY 2026

Beneficiaries can begin applying for benefits

JULY 2026

All providers can begin services

WA Cares website

- Provider toolkit | WA Cares Fund

Questions & answers

Any general questions about WA Cares?

Questions about your type of service can be asked in your breakout room

WA CARES FUND

WA CARES FUND

THANK YOU

Any additional questions please contact:

BRIAN SINDEL

Brian.sindel@seattle.gov | (425) 566-0930

ads *Aging and Disability Services*

Area Agency on Aging for Seattle and King County

Impact of Federal Changes on Apple Health for Immigrants and Refugees

-*Dr. Charissa Fotinos*

H.R 1 and Changes to Medicaid

Washington Statewide Refugee Advisory Council Meeting

September 25, 2025

Federal budget background

- Congress passed a continuing resolution for the federal budget on July 3, 2025 – signed into law by President Trump on July 4.
- The budget contains numerous provisions that impact Medicaid, food assistance, and the individual market.
- Hundreds of thousands of Medicaid-eligible Washington residents will be impacted.
- **HCA and state partners are still assessing the full scope of impacts to Apple Health but anticipate significant administrative changes and new state costs associated with implementation.**

Medicaid policies in the budget

	Policy	Effective Dates
Restricts payment for protected health services	Restricts federally funded Medicaid payments for 1 year to nonprofit organizations that primarily engage in family planning services or reproductive services and provide abortion services. Likely to impact over $11 million in funding.	Effective for 1 year, from date of enactment (July 4, 2025)
Funding for non-citizens	Changes Medicaid eligibility for refugee, asylee, and other non-citizen adults.	Oct. 1, 2026
Work requirements	Establishes work requirements as a new condition of Medicaid eligibility for adults aged 19-65 who receive full coverage. This makes coverage based on working, training, or doing community engagement 80 hours per month. Includes certain categorical exemptions.	Dec. 31, 2026, with option to apply for waiver to implement Dec. 31, 2028
Rural health funding	Allocates $10 billion annually to states, which can be used to support rural health transformation projects with a focus on promoting care, supporting providers, investing in technology, and assisting rural communities.	States can apply in 2025; funding from 2026–2030
Increases the frequency of eligibility redeterminations	Requires states to redetermine eligibility for adults enrolled through Medicaid expansion every 6 months, instead of every 12 months.	Dec. 31, 2026
Retroactive coverage	Shortens period of retroactive coverage eligibility from 3 months to 1 month for adults and 2 months for other Medicaid and CHIP applicants.	Jan. 1, 2027
Restricts new state-directed payments (SDPs) from exceeding Medicare payment levels	Requires existing SDPs for hospital and nursing facility services and services provided at an academic medical center to reduce by 10% per year, beginning in 2028 until they reach Medicare levels.	10% reductions begin in 2028
Cost-Sharing	Requires adults to pay cost-sharing of up to $35 for many services. Excludes primary care, behavioral health, emergency services, and services rendered in certain rural settings from the requirement.	Oct. 1, 2028
Address verification	Changes requirements for address verification.	Oct. 1, 2029
Removes good-faith waivers related to erroneous payments	Removes ability to waive federal penalties for a state's good-faith efforts to correct erroneous excess Medicaid payments under the Payment Error Rate Measurement (PERM) program and other state and federal audits.	Oct. 1, 2029

State funding & enrollment impacts

Proposed work requirements, increased frequency of redeterminations, and other changes to eligibility and enrollment rules will impact access and state funding.

Between 200,000 and 320,000 Washingtonians are projected to lose Medicaid coverage.

Our state is projected to lose billions in federal funding between 2025–2034.

Prohibiting payment for protected health services

- Prohibits federally funded Medicaid payments to nonprofit organizations that primarily engage in family planning services or reproductive services and provide abortion services.
- Applies for 1 year, from date of enactment (July 4, 2025).
- Will reduce federal funding by over **$11 million** a year for family planning services in Washington.
- **Washington remains committed to funding services for these critical providers with state resources.**

Medicaid Eligibility Changes

- Reduces federally funded Medicaid eligibility for refugee, asylee, and other non-citizen adults, effective Oct. 1, 2026.
- HCA anticipates this could impact over 30,000 individuals currently enrolled in Apple Health.
- Individuals may be eligible for other programs:
  - Apple Health Expansion
  - 1332 waiver coverage on Exchange
  - Emergency Medical
  - Pregnancy or After-Pregnancy Care

Impacts of federal work requirements

- By December 31, 2026, states are required to institute work requirements as a new condition of Medicaid eligibility for adults aged 19-65 who receive full coverage.
  - Makes coverage contingent on working, training, or doing community engagement 80 hours per month.
  - Applies to individuals age 19-65 who do not meet an exemption.

Impacts of federal work requirements
continued

Medicaid enrollees work
Most Apple Health clients work (or are the dependents of a working adult).[1]

Adults will lose coverage
More than 620,000 adults would be at risk to lose or delay coverage due to administrative red tape. Assuming similar experience from other states, an estimated 187,000 Washington adults will lose Medicaid coverage.[2]

States may apply for waiver
States may apply for a waiver to delay implementation to December 31, 2028. Must show good-faith efforts to come into compliance as part of waiver application. CMS is expected to provide additional guidance in 2025.

Exemptions from federal work requirements

The federal work requirements don't apply to individuals who are:

- Pregnant or receiving postpartum coverage
- Under the age of 19
- Foster youth and former foster youth under the age of 26
- Tribal members
- Medically frail
- Disabled veterans
- Entitled to Medicare Part A or B
- Already comply with work requirements under the Temporary Assistance for Needy Families (TANF) program or Supplemental Nutrition Assistance Program (SNAP)
- Parents or caregivers of a dependent child or individual with a disability
- Incarcerated or recently released from incarceration within the past 90 days

Increasing the frequency of eligibility redeterminations

- Requires states to redetermine eligibility for adults enrolled through Medicaid Expansion for Adults every 6 months, beginning December 31, 2026.
- Impacts 620,000 adults enrolled in Apple Health.
  - Will likely lead to thousands of individuals losing coverage.
- 80-85% of population automatically renews, but 15% of population who needs active management will drive significant staffing impacts for HCA, DSHS, and HBE.

Impact of state-directed payments (SDPs) and provider taxes

- Prohibits new provider taxes and ramps down existing provider taxes from 6% to 3.5% of net revenue by 0.5% per year beginning in 2028.
- Prohibits new SDPs from exceeding Medicare payment levels and requires existing SDPs to reduce by 10% per year beginning in 2028 until they reach Medicare levels.
  - Applies to inpatient and outpatient hospital services, nursing facility services, and certain services provided at an academic medical center.
- Provider taxes and SDPs allow states to draw down federal funds to support local health system needs and directly invest in providers and facilities.

Impact of SDPs and provider taxes
continued

Existing SDPs supporting hospital services, which include the Hospital Safety Net Assessment and payments to the University of Washington, will be **reduced by over $1.5 billion annually, once fully reduced**.

Safety net and rural hospitals

Emergency transport

Primary care

Mental and behavioral health

Maternity services and birthing centers

Skilled nursing facilities

Home health

Impact of cost-sharing requirements

Beginning Oct. 1, 2028, requires adults to pay cost-sharing of up to $35 for many services.

Forces out-of-pocket spending for individuals who may be earning as little as $16,000 per year

OR

Drives individuals to forgo care

Removing good-faith waivers related to erroneous payments

- Removes ability to waive federal penalties for a state's good-faith effort to fix erroneous excess Medicaid payments – effective Oct. 1, 2029.
- Under the Payment Error Rate Measurement (PERM) program, CMS audits state Medicaid and CHIP programs to identify various types of improper payments.
  - If more than 3% of a state's total payments in a year are improper, CMS must disallow federal funds for the excess payments above the threshold.
  - CMS was previously authorized to waive the disallowance if the state was unable to achieve the 3% target, despite good-faith efforts.

Removing good-faith waivers related to erroneous payments
continued

Nationwide PERM rates were 3.31% in 2024.

The Congressional Budget Office (CBO) estimates this provision will reduce federal investment in Medicaid programs by over $7 billion over 10 years.

Impacts for DSHS

- 2200 non-citizens receiving home and community based supports and 50 receiving long term services and supports will become ineligible
  - Those in residential setting may lose their housing
  - Those in LTC will become ‘stuck’ with upstream and downstream impacts
- MAGI clients with more frequent redeterminations for LTC are at increasing risk of coverage loss
- Shortened retroactive period from 3 to 1 month will require faster transitions for those going from Medicare to Medicaid and those with a serious illness of life event

Changes to SNAP

- 11% of households in WA receive SNAP benefits, 903,000 persons
- Average around $6/day
- Eligibility is tied to school lunch programs
- In 82% of households receiving SNAP benefits someone works
- Changes include work requirements for those 55-65 years old as of 1/27
- Eliminates homelessness, veteran status and those aging out of foster care as exemptions
- Focuses on keeping error rates at or below 6% of state will need to cover additional costs starting in 2028

Rural health funding

- Allocates $10 billion annually to states, from 2026 to 2030.
- Funding can be used by states to support rural health transformation projects, with a focus on promoting care, supporting providers, investing in technology, and assisting rural communities.
- States must apply in 2025 to participate.
  - Applications will be approved/denied by December 31, 2025.
  - Must include a rural health transformation plan.

Other Medicaid provisions

- Changes Medicaid for refugee, asylee, and other non-citizen adults, effective Oct. 1, 2026.
- Reduces the home equity limit for long-term care eligibility, effective Jan. 1, 2028.
- Shortens period of retroactive coverage eligibility from 3 months to 1 month for Apple Health adults and 2 months for all other Medicaid applicants, effective Jan. 1, 2027.
- Changes address verification processes, effective Oct. 1, 2029.

Eligibility requirements

- In April 2023, HCA entered mitigation with CMS for non-compliance with Classic ex-parte (automated) renewals.
  - Compliance date: June 2027
- In September 2023 and April 2024, CMS finalized two new eligibility rules streamlining eligibility determinations for all Medicaid programs.
- Compliance with mitigation and the eligibility rules is met by moving Classic financial eligibility to Washington Healthplanfinder.
- Creates challenges with eligibility changes mandated by H.R. 1

Questions and contact

- **Evan Klein** | Special Assistant for Legislative & Policy Affairs
  Email: evan.klein@hca.wa.gov

- **Shawn O'Neill** | Legislative Relations Manager
  Legislative & Policy Affairs
  Email:: shawn.oneill@hca.wa.gov

Roundtable sharing

- What are you working on right now?
- Is there anything you would like the group to help promote?
- Do you need support for anything you're working on?

Next steps and close

Next AtHW Workgroup Meeting:

Wednesday, December 3rd, 2025 from 9:30am to 11:00am, Zoom

Next KCMC Meeting:

Tuesday, November 18th, 2025 from 9:30-11:30am, Zoom

Contact us

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Program Manager of

Coalitions

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