
Wednesday October 1st, 2025

9:30 AM – 11:30 AM

Zoom

Participants: Angelinah Kitheka (Volunteer Services), Belen Herrera (SDOT) Darryl Sierra (Hopelink NEMT) Diana Austin (DSHS) Emily Horton (HCA) James Walter (HCA) Jean Kim (PSRC) Julio Perez (SHA) Judy Brown (Northwest Hospital) Karen Hartman (Kirkland Senior Council) Lyn McCarthy (SVMC) Stephen Riel (HCA) Susan Carter (Hopelink) Tony Hester (Center for Independence) Mary Ann Higgins, Alicia Spinner (Circle) Charissa Fotinos (HCA) Shankt, Grace Georgitsis (SKCMC) Brian Sindel (City of Seattle) Naimo (Renton Technical College)

Staff Support: Heather Clark

King County Mobility Coalition Vision: A coordinated transportation network that allows all people to move freely around King County and the Puget Sound region.

Meeting Goals:

- 1) Learning about navigating the WA Cares system in King County
- 2) Hear about impacts to federal funding cuts on refugee and immigrant access to Apple Health

9:30-9:50 Welcome, Introductions, and Announcements

Introductions provided in the chat. No announcements.

Navigating WA Cares in King County

-Brian Sindel, City of Seattle Human Services, WA Care Coordinator

Please contact Heather Clark, Program Manager of Coalitions, at hclark@hopelink.org or at 425-625-6784 for any errors or omissions in these notes.

WA Cares Program Overview

- **WA Cares** is WA State's new *universal long-term care* benefit — first of its kind in the U.S.
- Funded by worker payroll contributions (0.58%), started **July 2023**.
- **Benefits available July 2026**, maxing at **\$36,500 (adjusted annually for inflation)**.
- Covers all workers equally — no pre-existing condition exclusions.

Eligibility Pathways

1. **Standard:** 10 years of contributions → full benefit.
 2. **Early Access:** 3 of last 6 years contributed + current care need.
 3. **Near Retirees (born before 1968):** Partial benefit (10% per year worked).
- Requires **assessment** (via AAA/state) confirming need for help with ≥3 ADLs for 90+ days.

Covered Services (10 categories)

Examples include:

- Personal care
- Home-delivered meals
- Transportation
- Adult day programs
- Respite
- Memory care & more

Becoming a Provider

- **Applications launched today.**
- 3-step process (only Step 1 handled by provider):
 - Apply and meet qualifications

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- Contract issued via AAA/DSHS (2–4 years depending on service)
 - Official DSHS registration
- Once registered:
 - Listed in **Walk Cares Provider Directory**
 - Beneficiaries can find & contact providers directly

Provider Directory

- No case management — **self-service model**.
- Beneficiaries access care by choosing providers from online directory.
- Directory will list: provider name, services, languages, contact info.

Payment Model

- Providers and clients **negotiate service terms and rates directly**.
- AAA does not set rates.

Questions and Answers:

Access Without Technology

Q: What options exist for people without computer access?

A: A network of partner organizations is being built to help those with limited access (e.g., language, technology). A colleague focused on this can provide more details.

Eligibility Concerns

Q: Are people who are retired or disabled (not working in the past year) eligible?

A: Only those who paid into the program starting 2023 qualify. For example:

- 1 year of payment = 10% benefit.
- Full benefits require 10 years of contributions.
- Those not working since before 2023 receive no benefit.

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Navigation & Support

Q: What support exists for those needing help navigating services?

A: There's a network of navigators, some from the Community Living Connections (CLC), who help with system navigation. Hopelink and others are involved, especially around transportation.

Transportation Provider Concerns

Q: Are transportation providers expected to be individuals or companies?

A: It's open to all types—individuals and companies. Anyone with unsupervised access to beneficiaries must undergo a background check. There may be confusion in the application, which seems written for individuals. Brian offered to meet separately to clarify and possibly involve DSHS.

Retired Individuals

Q: What can retirees do if they're not eligible?

A: That remains unclear; it's a broader policy question outside of current scope.

What Happens When Funds Run Out?

Q: What happens after a beneficiary uses up the \$36,500 benefit?

A: Likely outcomes include:

- Transition to Medicaid
- Shift to private pay
- Possibly applying it toward private long-term care insurance (pending rulemaking)

Benefit Details

Q: How many years to get full benefits?

A: 10 years of contributions = full benefits.

Q: Can someone access it earlier?

A: Yes, after 3 years if still working and meeting care needs.

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Q: What qualifies someone for care?

A: An assessment showing the need for help with at least 3 activities of daily living (ADLs).

Impact of Federal Funding Cuts on Refugees and Immigrants in accessing Apple Health

-Dr. Charissa Fotinos, State Medicaid and Behavioral Health Medical Director

Overview:

HR1 was passed on **July 3** and signed into law on **July 4**. It introduces major changes to **Medicaid, SNAP**, and other public programs, with significant implications for healthcare access, especially for vulnerable populations.

Key Changes to Medicaid:

Redetermination Frequency:

- **Now:** Once a year
- **New Rule:** Every **6 months**
- ➤ This adds administrative burden and is expected to result in **coverage loss for 203,000–320,000 people** in Washington over the next 10 years.

Disclaimer – these are projected numbers and are based on “best guesses.” These numbers may change as new information becomes available

Work Requirements (Effective by Dec 2026):

- Applies to **expansion population (ages 19–65)**.
- Must show **80 hours/month** of work, volunteer service, or school.
- Exemptions include: pregnant people, minors, some caregivers, people with disabilities, and veterans.
- Many details still unclear; systems to verify work do not yet exist.

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- Up to **187,000 people** could lose coverage due to administrative barriers.

Eligibility Changes (Effective Oct 2026):

- Many **lawfully present immigrants** will be reclassified as “non-qualified,” losing access to federal Medicaid.
- About **30,000 individuals** in WA will lose coverage.
- Emergency care still covered; other limited state-funded options may exist.

Cost Sharing (Starting 2028):

- Expansion population may be required to pay up to **\$35 per visit** for some services.
- WA may choose to set minimal charges (e.g., a penny), so impact TBD.

Hospital & Provider Impacts:

- Limits provider taxes and state-directed payments.
- By full implementation (2028), WA hospitals could lose **\$1.5B** in funding.
- Strain on rural and safety-net hospitals expected to worsen.

Payment Error Rate Penalties:

- States must keep Medicaid eligibility/payment error rates **below 3%**.
- WA currently does well (**0.8%**), but stricter rules + new requirements will make this harder.
- Feds will now impose **immediate financial penalties** for exceeding error rates.

Impacts on Long-Term Care:

- **2,200+** people receiving home/community-based services may lose coverage.

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- New shorter retroactive coverage window (3 months → **1 month** for adults).
- Redetermination every 6 months will disproportionately affect residents in long-term care settings.

SNAP (Food Assistance) Changes:

- New work requirements for **ages 55–65** (previously only <55).
- Exemptions limited (e.g., **homelessness is not an exemption**).
- States must keep SNAP error rates under **6%** or face penalties.
- WA could owe **\$100M** if current rates persist.
- Overall effect: **Increased food insecurity**.

Planned Parenthood Funding Ban:

- Federal Medicaid funds blocked for providers billing over \$1M/year and offering abortions (i.e., Planned Parenthood).
- WA State will **cover lost federal funding** so **no change in access** for Apple Health clients.
- Still under litigation.

System Modernization Requirements:

- WA must transition to **fully automated Medicaid eligibility systems** for all populations by **June 2027**.
- Massive technical and administrative lift, especially when paired with new HR1 requirements.

Rural Health Investment:

- HR1 includes **\$10B nationwide** for rural health initiatives (e.g., infrastructure, workforce).
- WA applying for funding by **Nov 5**.

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- First phase likely awarded; second phase discretionary and uncertain.
- **Helpful, but insufficient** to address rural health care crises.

Final Thoughts:

- HR1 imposes major changes that will likely **reduce coverage, increase administrative burdens, and strain providers.**
- WA State agencies are working to **mitigate harm, seek waivers, and advocate for impacted populations.**
- Most provisions lack clarity, with **implementation rules still being developed.**

Action Items:

- Heather Clark and Staci Sahoo to follow up with Brian Sindel about the vendor application
- Staci Sahoo and Laura Loe to follow up with Karen Hartman about a Find a Ride Phase 2 update for Kirkland Senior Council

Next Access to Health and Wellbeing meeting:

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

Next KCMC Meeting:

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

Heather Clark

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For more information on KCMC, contact Heather Clark, visit our website kcmobility.org, or sign up for our distribution list [here](#).

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