Rate Setting Board

July 15, 2026

9:00 a.m. – 12:00 p.m. In Person/Zoom Attendance

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TAB 1

Consumer Directed Employer Rate Setting Board

Meeting #7

July 15, 2026
Blake Office Park East 4500 10th Avenue SE, Lacey
Rose Room
9:00 am – 12:00 pm

Agenda

Time	Topic	Presenter(s)
9:00-9:05	➢ Welcome ➢ Approval of Minutes 07.13.2026 ➢ Old Business	Chair CDE Program Team
Home Care Agency Administrative Rate		
9:05-10:30	➢ Home Care Agency Admin Costs & Discussion	HCA
10:30-10:40	**Break**	
Workforce Data		
10:40-11:15	➢ Workforce Data & Discussion	DSHS
Caseload Revenue Forecast		
11:15-11:45	➢ Review of state Caseload Update & Discussion	DSHS
11:45-12:00	➢ Public Comment	Chair
12:00	**Adjourn**	

Please note the agenda times may vary due to the flow of the meeting conversation.

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Rate Setting Board Members

Cheryl Strange	Chair
Adam Glickman*	Exclusive Bargaining Unit Designee
Bea Rector*	DSHS Representative
Ben Bledsoe*	CDE Representative
Cynthia Hollimon*	Governor's Office Representative
Rep. Joe Schmick^	House of Representatives (R)
Rep. Steve Tharinger^	House of Representatives (D)
Senator Paul Harris^	Senate (R)
Senator Annette Cleveland^	Senate (D)
Martha Raske^	State Council on Aging Representative
Mike Gantala^	People with Intellectual or Developmental Disabilities Organization
Courtney Williams^	People with Disabilities Organization
Eric Erickson^	Licensed Home Care Agency
Gwen Goodfellow^	Home Care Worker

*Voting member, ^Advisory member

Rate Setting Board Meeting Schedule

May 21, 2026 9:00am – 12:00pm	In Person/Zoom
June 3, 2026 10:00am – 4:00pm	In Person/Zoom
June 8, 2026 9:00am – 3:00pm	In Person/Zoom
June 10, 2026 9:00am – 3:00pm	In Person/Zoom
June 24, 2026 9:00am – 3:00pm	In Person/Zoom
July 13, 2026 9:00am – 2:00pm	In Person/Zoom
July 15, 2026 9:00am – 12:00pm	In Person/Zoom
August 5, 2026 9:00am – 12:00pm	In Person/Zoom
August 24, 2026 9:00am – 12:00pm	In Person/Zoom
August 31, 2026 9:00am – 12:00pm	In Person/Zoom

TAB 2

Rate Setting Board

Approved By-Laws

Approved Charter

Approved Policy Selecting Chairperson

Approved Policy Establishing and Submitting Rates

TAB 3

DSHS
WASHINGTON STATE
Department of Social and Health Services

Consumer Directed Employer (CDE)

Rate Setting Board (RSB) Agenda

July 15, 2026

Meeting #7 9:00AM – 12:00PM

Blake Office Park East

4500 10th Avenue SE, Lacey, WA

Agenda Overview, 9AM-12PM

- Welcome
- Home Care Agency Rate
- Break
- Workforce Data
- Caseload Revenue Forecast
- Adjourn

Welcome

Chair

Approval of the Minutes 07.13.2026

CDE Program Team

Old Business

Chair

Home Care Agency Administrative Costs & Discussion

HCA

Break Time

All

Workforce Data & Discussion

DSHS

Findings from the 2026 Long-Term Services and Supports Workforce Report

Prepared for the Consumer Directed Employer Rate Setting Board

David Mancuso, PhD, Senior Research Scientist
DSHS Research and Data Analysis Division

JULY 2026

Today’s Presentation

About the HB 1694 Workforce Report

Long-Term Implications of the Age Wave

LTSS Workforce Highlights

Summary of Key Findings

Questions and Discussion

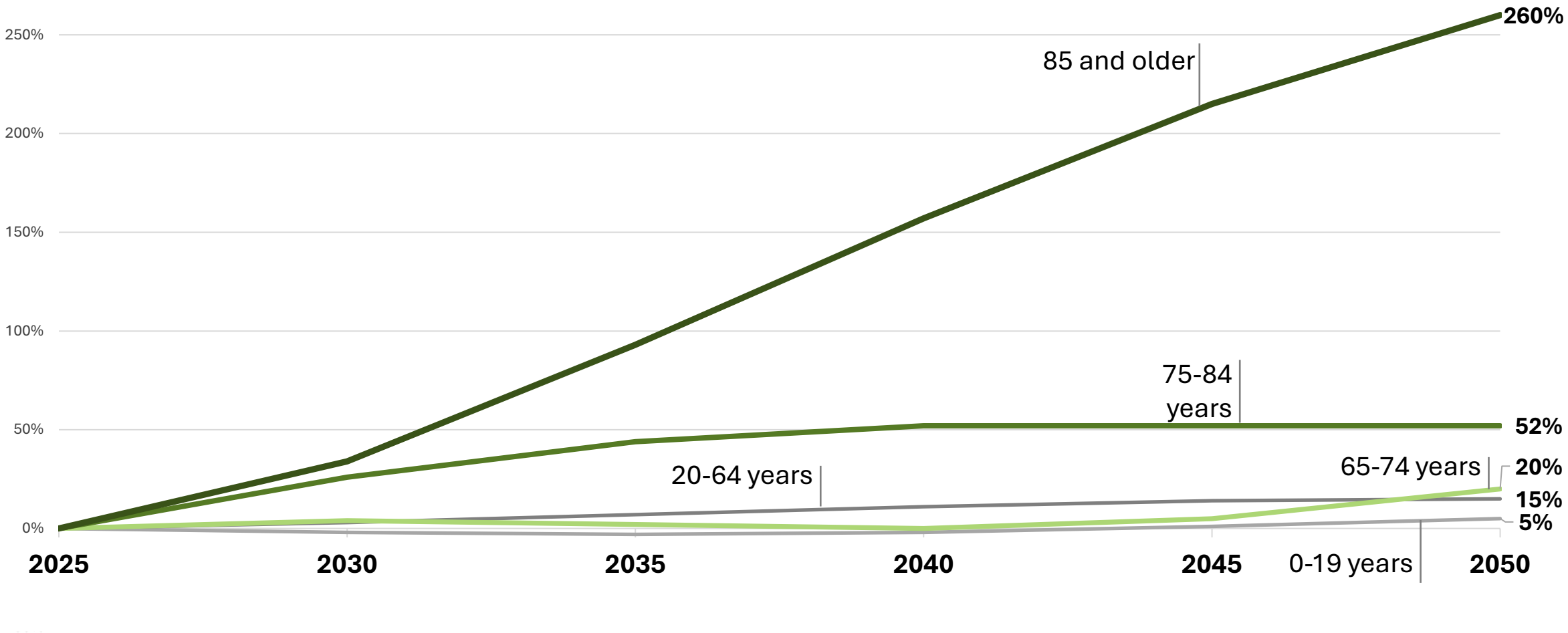
About the HB 1694 Workforce Report

- House Bill 1694 (Chapter 424, Laws of 2023) requires annual assessment of the direct care LTSS workforce and projected demand for LTSS in Washington State
- Data from the U.S. Census Bureau, Bureau of Labor Statistics, and HCLA/DDA LTSS administrative data are used to:
  - ✓ Describe current LTSS workforce and utilization patterns
  - ✓ Forecast growth in LTSS demand and the direct care workforce
  - ✓ Examine the geographic distribution of LTSS demand and the available workforce
  - ✓ Examine the demographics of the LTSS workforce and wage levels relative to comparable occupations
- Latest report available online at Long-Term Services and Supports: 2026 Annual Report | DSHS

Long-Term Implications of the Age Wave

The population of Washingtonians aged 85+ will sharply increase from 2025 to 2050

Growth in Washington State Population by Age Range Relative to 2025 Population

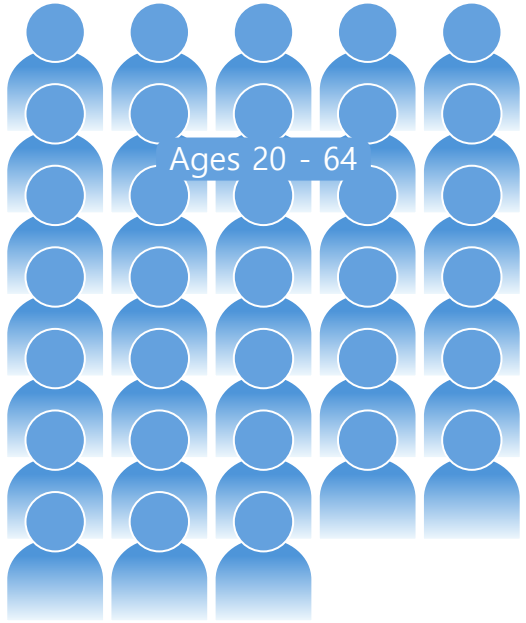


SOURCE: Washington State Office of Financial Management, Statewide Population Forecast, Accessed November 2025.

The ratio of persons ages 20 to 64 relative to persons 85 and older will dramatically decrease, and exacerbate LTSS workforce challenges

Statewide Ratio of Individuals Who are Working-Age vs. 85+ Years Old, 2025-2050

Ratio Today

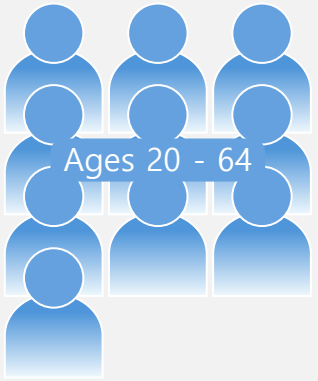


2025

85+ RATIO 33:1

33 working-age individuals (20-64) now support every adult age 85 or older

Projected Ratio



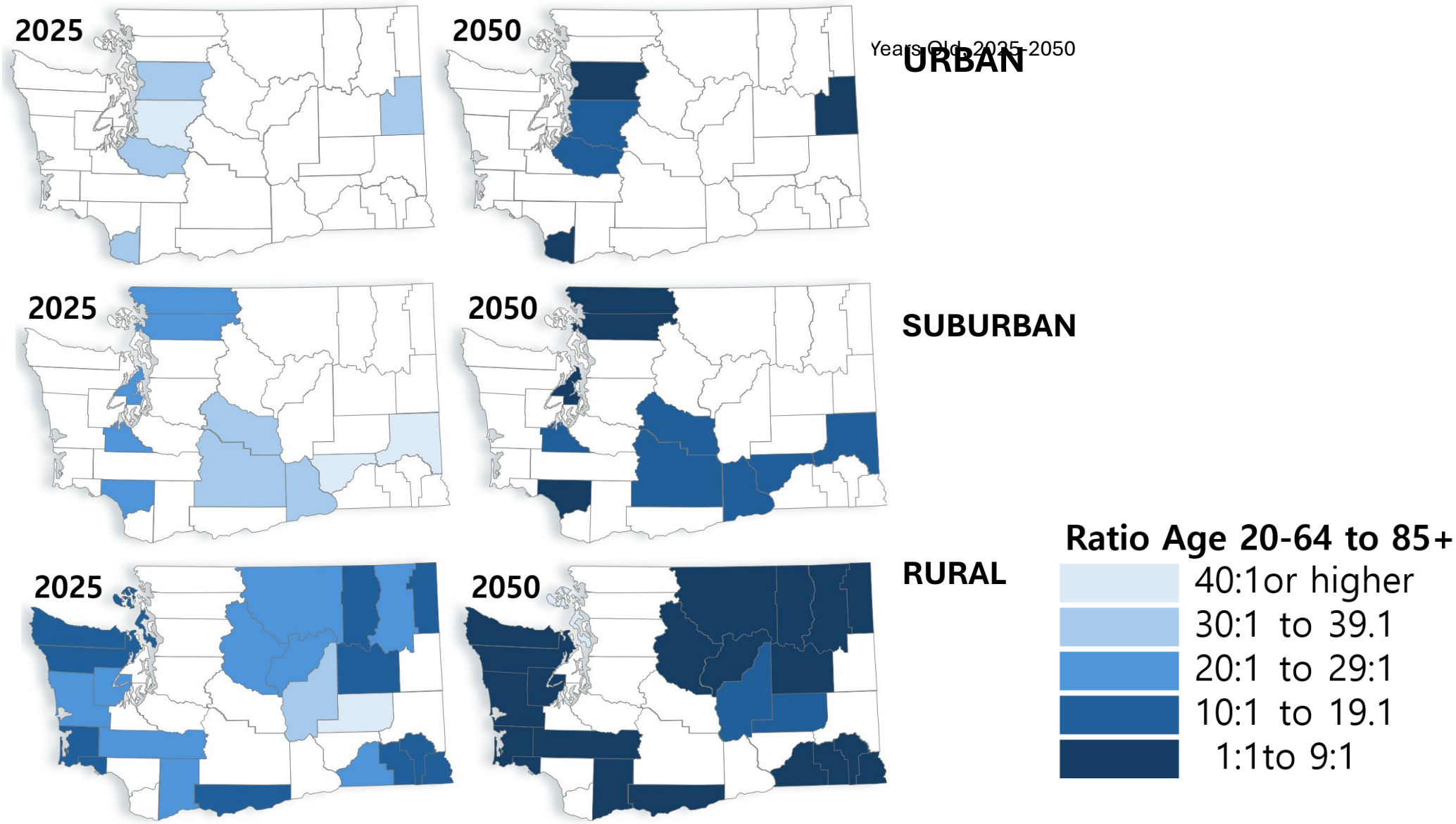
2050

85+ RATIO 10:1

10 working-age individuals (20-64) will support every adult age 85 or older

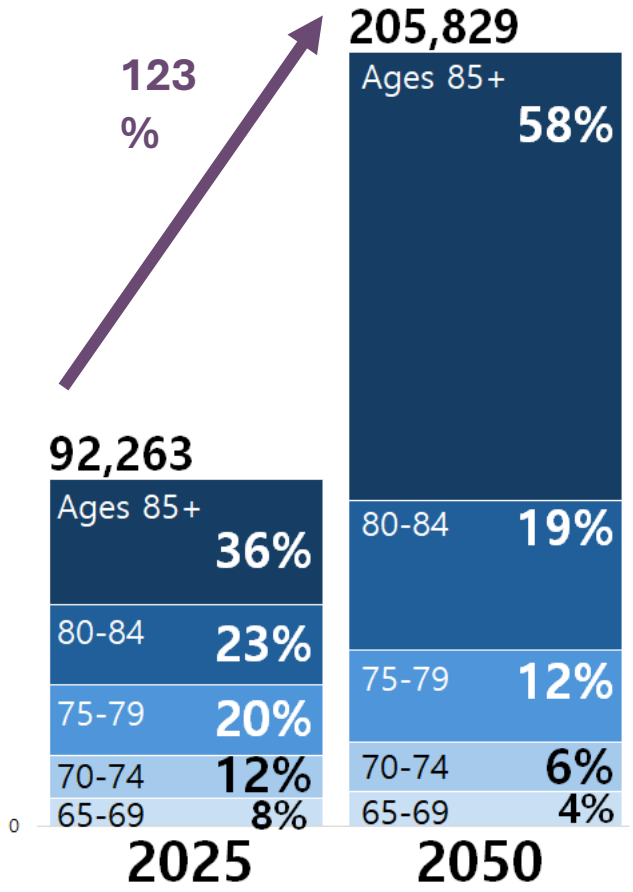
SOURCE: Washington State Office of Financial Management, Statewide Population Forecast, Accessed November 2025.

Rural counties are already experiencing greater workforce challenges

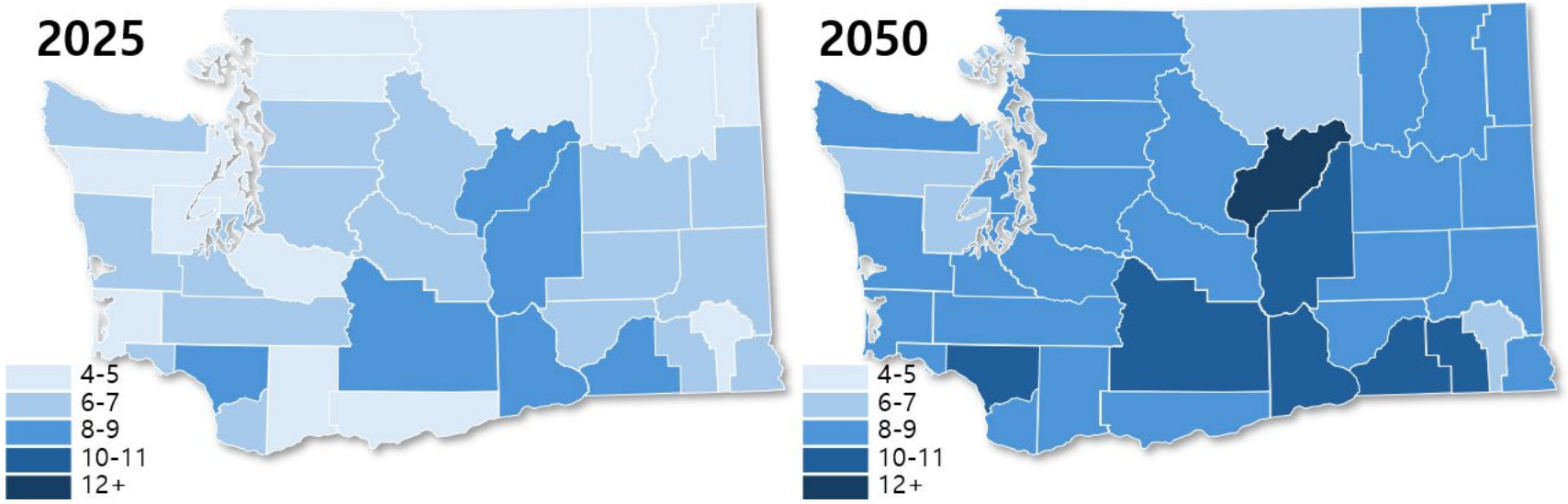


SOURCE: Washington State Office of Financial Management, Statewide Population Forecast, Accessed November 2025.

A consequence of the Age Wave:
A significant increase in the number of Washingtonians with Dementia



- ✓ The number of adults with dementia will more than **double** by 2050
- ✓ **More than half** of people with dementia in 2050 with be 85 years or older, needing more intense care than the dementia population in 2025
- ✓ The prevalence of dementia in 65+ adults is highest in Asotin, Benton, Douglas, and Walla Walla counties in 2025 **and** 2050



SOURCE: Medicare Fee-for-Services Claims Data and Washington State Office of Financial Management, Forecasting Division, Population Projections (CY 2025).

Summary of Age Wave Implications

- The number of Washingtonians aged 85+ is projected to increase by 260 percent by 2050, while the number of adults aged 20 to 64 is projected to increase by only 15 percent
- Rural counties are already experiencing lower ratios of working-age people to people who are 85 years or older compared to suburban and urban counties
- By 2050, the number of individuals with dementia is projected to increase by 123 percent.
- An increasing proportion of persons with dementia will be 85 years or older, needing greater support than the dementia population in 2025

LTSS Workforce Highlights

LTSS Workforce Data Limitations

- **Home Care Aides** serving older persons and younger adults with disabilities and **Direct Support Professionals** serving persons with intellectual or developmental disabilities are included in the "Personal Care Aides and Home Health Aides" occupation in Bureau of Labor Statistics (BLS) data sources.
- BLS Occupational Employment and Wage Statistics (OEWS) data is from a weighted random sample of employers and CDWA may not always be selected.
- **Data are lagged** due to the analysis timing required to meet the statutory reporting deadline and delays in US Census Bureau release of American Community Survey data.

LTSS Workforce Definitions in BLS and ACS Data Sources

Descriptions of Long-Term Direct Care Occupations in Washington State

Occupation	Care Population	Care Settings	Training and Licensure	SOC* codes in BLS and ACS Data
Direct Support Professionals	People with Intellectual and Developmental Disabilities	In-Home Community Residential	75 hours of initial proficiency training	**31-1120** (Personal Care Aides and Home Health Aides)
Home Care Aides	People with Disabilities and Older Adults	In-Home Residential	75 hours of training Certification exam DOH License	**31-1120** (Personal Care Aides and Home Health Aides)
Nursing Assistants**	Older Adults Hospital Patients	In-Home Residential Nursing Home	108 hours of training Competency exam DOH License DSHS Registry Database	**31-1131** (Nursing Assistants)

* For official Standard Occupational Classifications (SOC)[11] descriptions for occupations see Narrative Appendix Table A1.
** Or Certified Nursing Assistants

BLS Occupation Definition for the Category Including Personal Care Aides

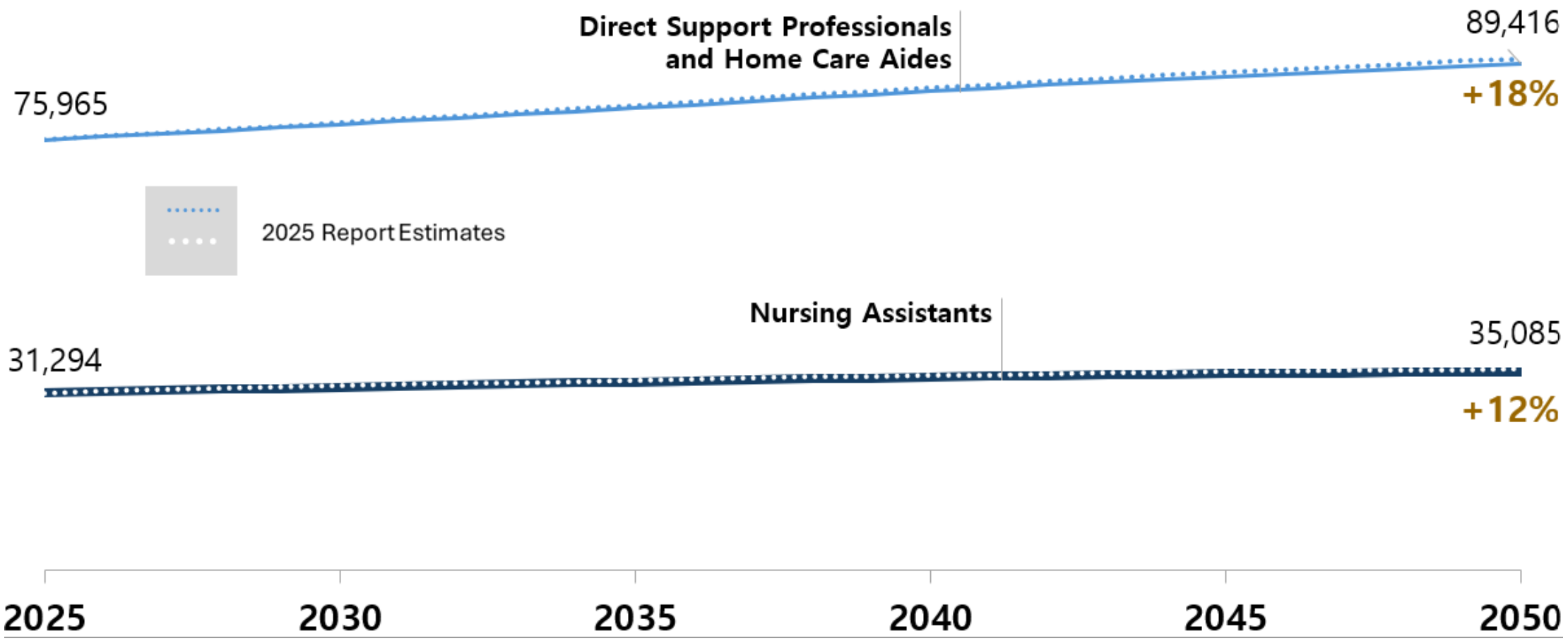
Long-Term Direct Care Occupations

Bureau of Labor Statistics Description and Categorization of Education and Training

Occupation	Description	Level of Education and Training for Entry Level
Personal Care Aides* PCAs	Provide personalized assistance to individuals with disabilities who require help with activities of daily living support (e.g., feeding, bathing, dressing, toileting, and ambulation). May also provide help with tasks such as preparing meals, doing light housekeeping, and doing laundry. Work is performed in various settings depending on the needs of the care recipient. *In Washinton State, Home Care Aides require certification and in most data sources they are categorized as PCAs. Direct Support Professionals providing supported living services are required to have similar training but are exempt from certification.	**High school diploma or equivalent** **No work experience** **Short-term on-the-job training**
Home Health Aides HHAs	Monitor the health status of an individual with disabilities or illness, and address their health-related needs, such as changing bandages, dressing wounds, or administering medication. Work is performed under the direction of offsite or intermittent onsite licensed nursing staff. Provide assistance with routine healthcare tasks or activities of daily living, such as feeding, bathing, toileting, or ambulation. May also help with tasks such as preparing meals, doing light housekeeping, and doing laundry depending on the patient's abilities.	**High school diploma or equivalent** **No work experience** **Short-term on-the-job training**

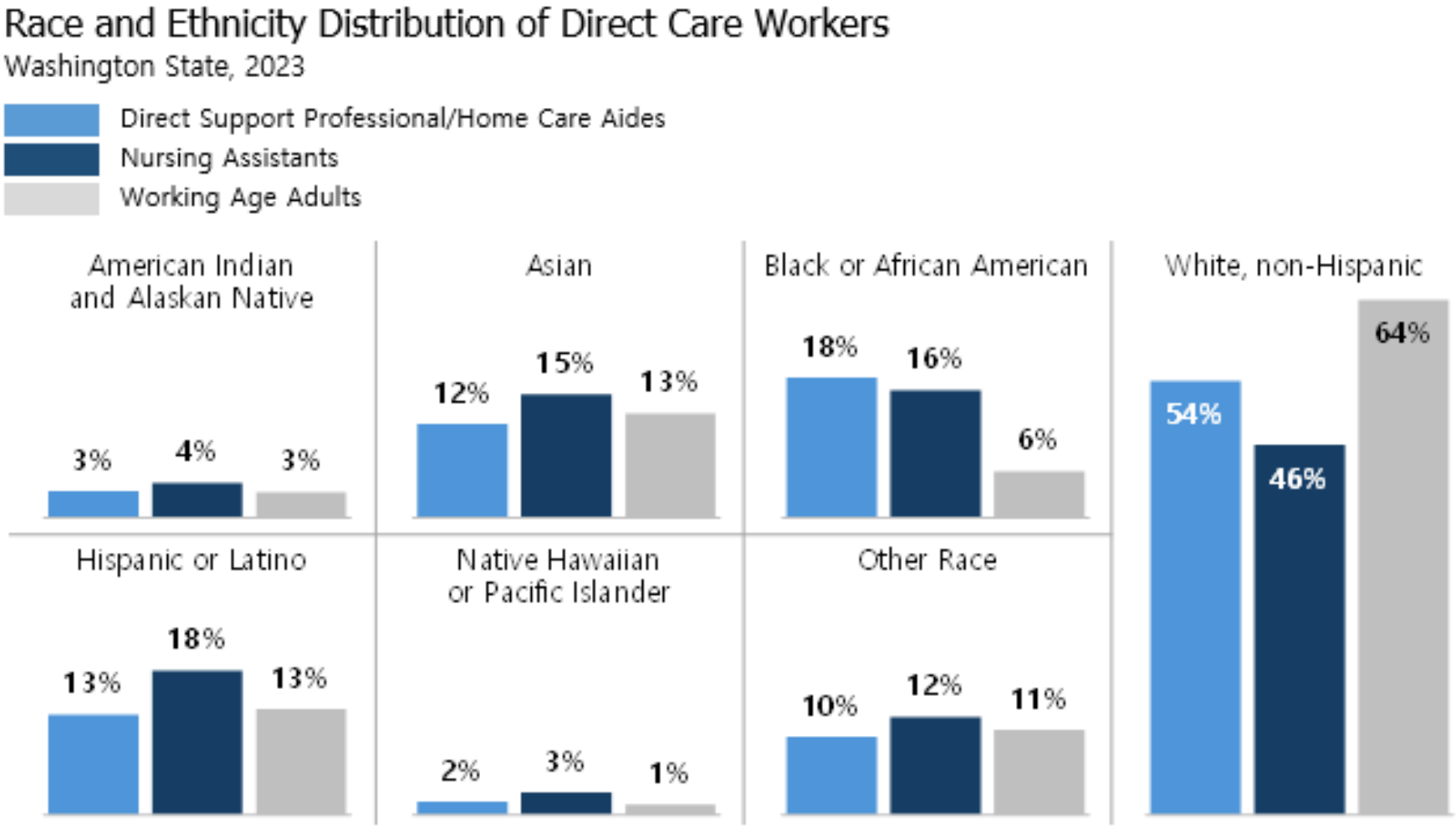
SOURCE: Washington State Department of Social and Health Services, Finance, Technology, and Analytics Administration, Research and Data Analysis Division, June 2025. U.S. Census Bureau, 2023 American Community Survey 5-Year PUMS data at https://data.census.gov, accessed January 30, 2025.

LTSS Workforce Forecast



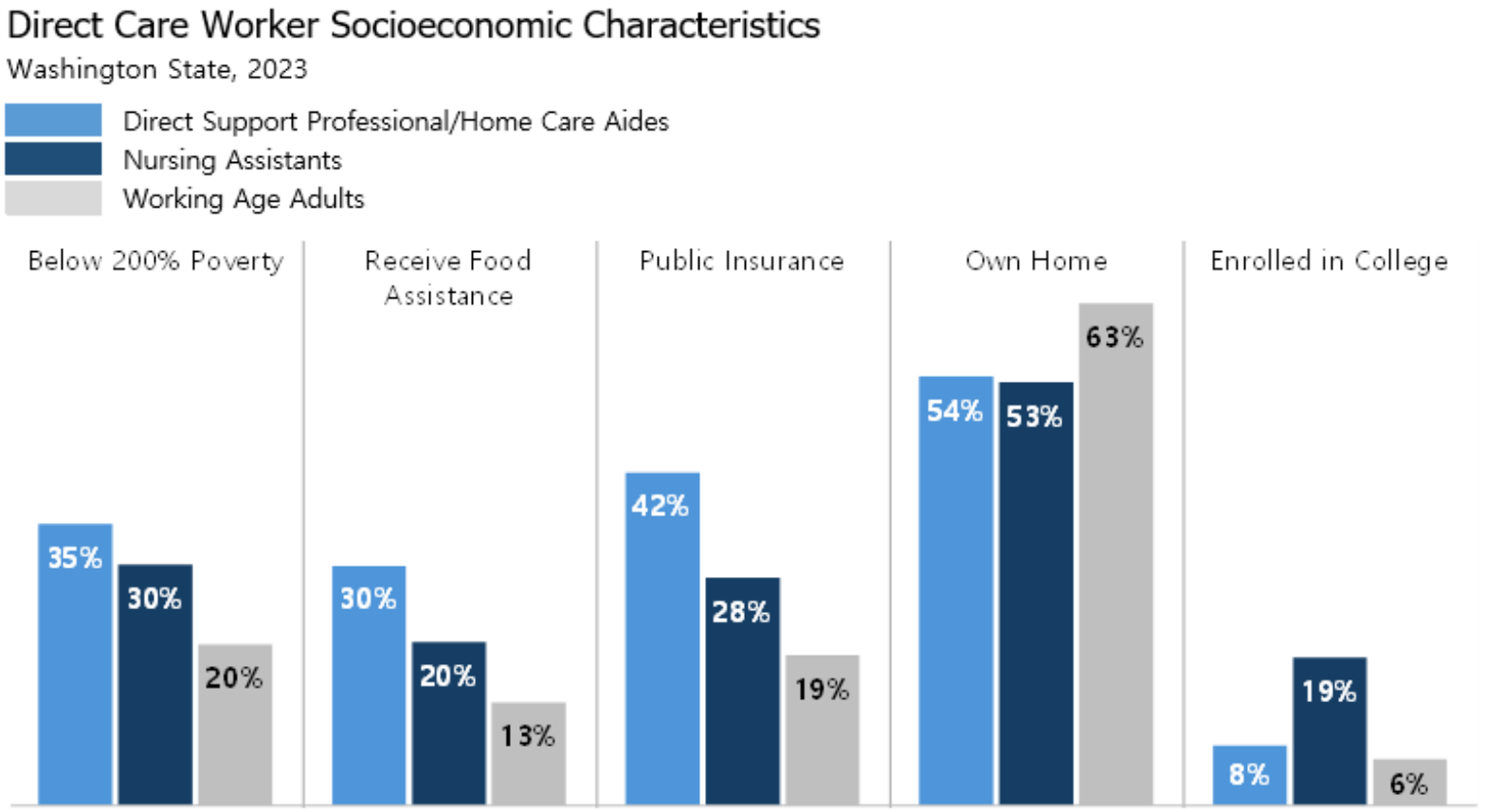
SOURCE: U.S. Census Bureau, 2023 American Community Survey 5-Year PUMS data at https://data.census.gov, accessed January 30, 2025.

LTSS Workforce Demographics, Washington



SOURCE: U.S. Census Bureau, 2023 American Community Survey 5-Year PUMS data at https://data.census.gov, accessed January 30, 2025.

LTSS Workforce Demographics, Washington



SOURCE: U.S. Census Bureau, 2023 American Community Survey 5-Year PUMS data at https://data.census.gov, accessed January 30, 2025.

Median Hourly Wage Trends by Setting

Median Hourly Wages for Direct Support Professionals and Home Care Aides

Washington State, 2023-2024

Settings	2023	2024	Change (2023 to 2024)
1. Home Health Care Services	$18.92	$20.00	5.7%
2. Services for the Elderly and Persons with Disabilities	$20.67	$22.25	7.6%
3. Continuing Care Retirement Communities and Assisted Living Facilities for the Elderly	$19.02	$21.15	11.2%
4. Residential Intellectual and Developmental Disability, Mental Health, and Substance Abuse Facilities	$20.01	$21.54	7.6%
5. Nursing Care Facilities (Skilled Nursing Facilities)	$20.04	$21.83	8.9%

Data from BLS categorizes industries or settings more granularly and due to the data being pre-aggregated, these categories cannot be combined. The first two settings are in-home, 3 and 4 are residential/community and the fifth setting is a nursing home.

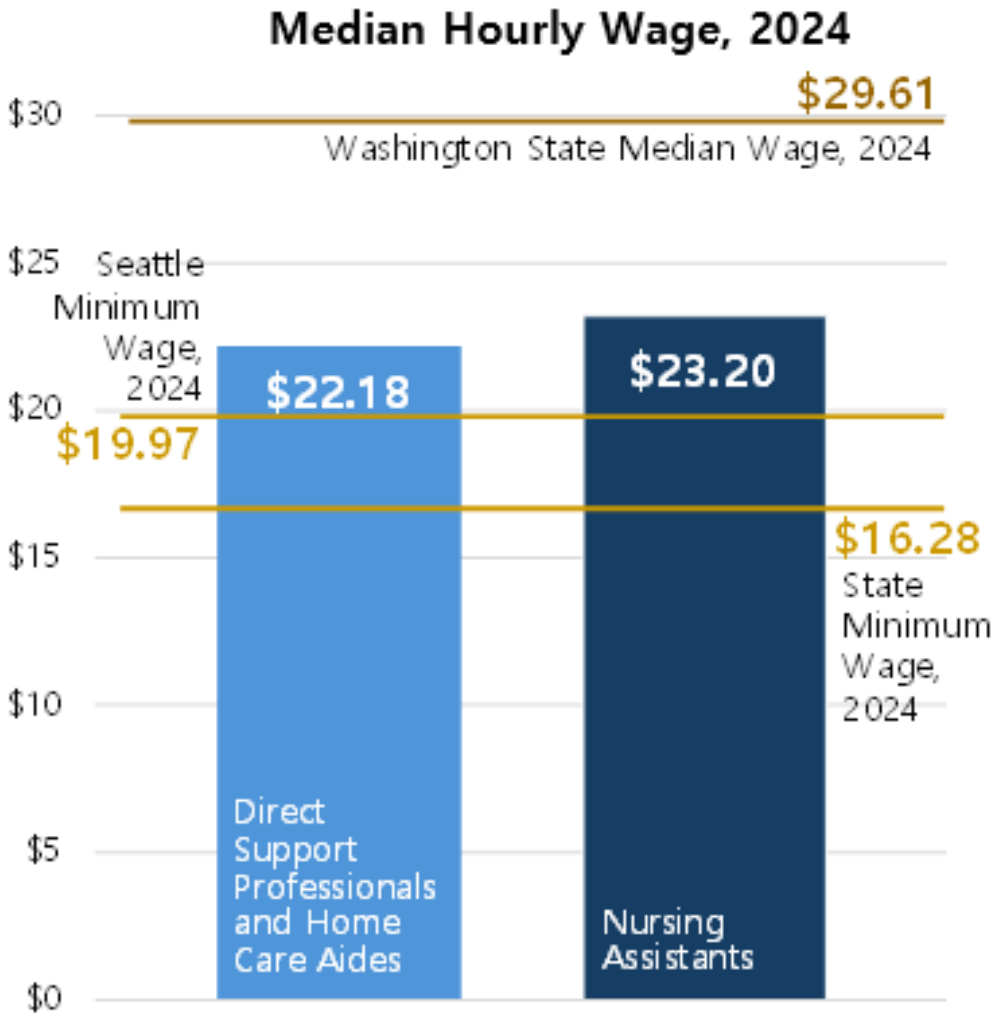
SOURCE: U.S. Bureau of Labor Statistics, Occupational Employment and Wage Statistics (OEWS), May 2023 and May 2024.

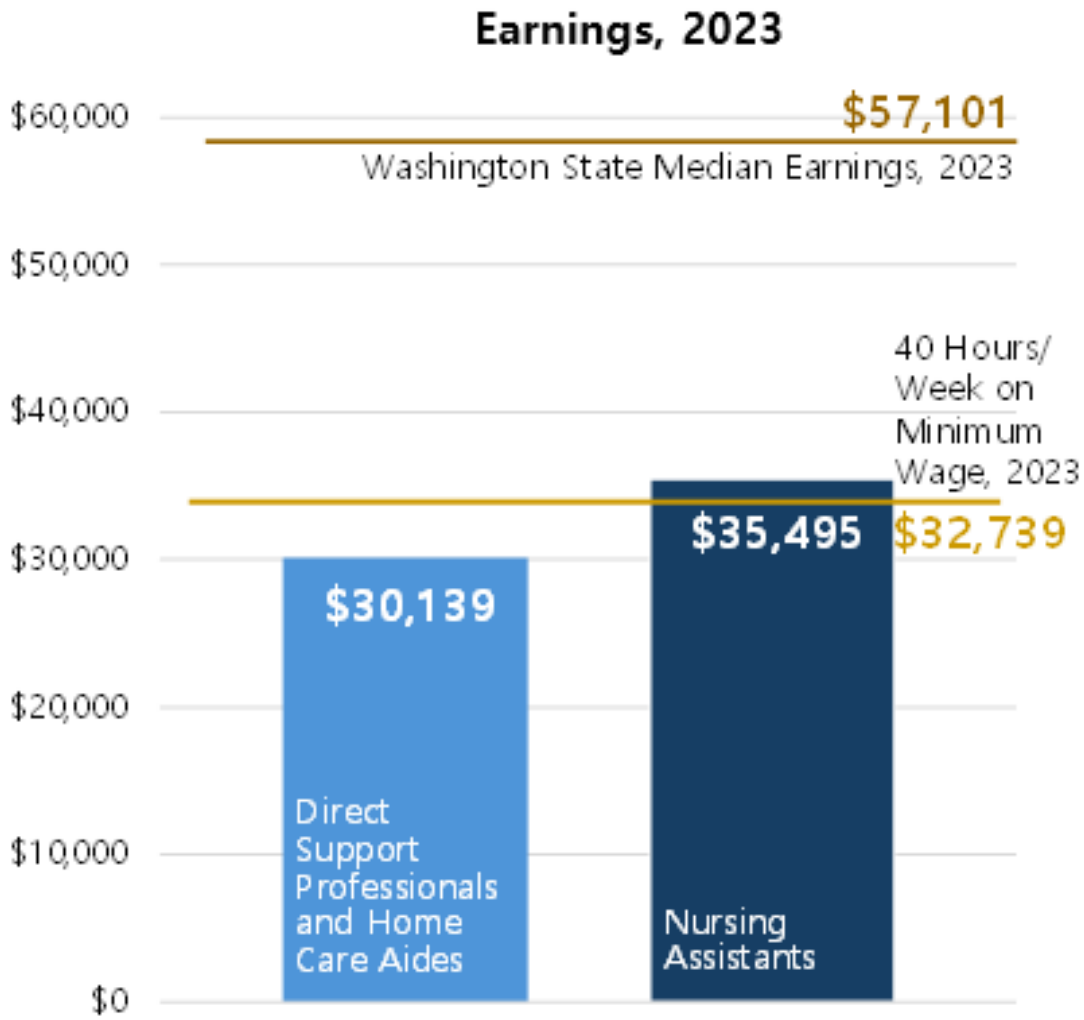
Wage Comparisons among Occupations with Similar Education and Training Requirements

	2023 Hourly Wages		2024 Hourly Wages	
	Occupations	**Median**	**Occupations**	**Median**
Wage Decile	OCCUPATIONS	MEDIAN	OCCUPATIONS	MEDIAN
1st 10%	Tree Trimmers and Pruners; Parking Enforcement Workers; Utilities	**$33.12**	Tree Trimmers and Pruners; Costume Attendants; Utilities; Parking Enforcement Workers;	**$30.48**
2nd 10%	**Community Health Workers**; Cargo and Freight Agents; Bus Drivers, School	**$24.96**	Cargo and Freight Agents; **Community Health Workers**; Bus Drivers, School	**$27.14**
3rd 10%	**Psychiatric Aides**; Aircraft Service Attendants; Exercise Trainers and Group Fitness Instructors	**$23.65**	**Psychiatric Aides**; **Orderlies**	**$24.87**
4th 10%	Light Truck Drivers; **Social and Human Service Assistants**; Manufactured Building and Mobile Home Installers; Customer Service Representatives; Office Clerks	**$22.70**	Gambling Dealers; Office Clerks; **Social and Human Service Assistants**; Exercise Trainers and Group Fitness Instructors	**$23.77**
5th 10%	Library Assistants; Gambling Dealers; Data Entry Keyers; Tellers; Transportation Ticket Agents; **Orderlies**	**$21.98**	Transportation Ticket Agents; Crematory Operators; Light Truck Drivers; Security Guards; Aircraft Service Attendants; Manufactured Building and Mobile Home Installers; Customer Service Representatives	**$23.20**
6th 10%	Textile Machine Personnel; File Clerks; Couriers and Messengers; Crematory Operators; Security Guards; Locker Room, Coatroom, and Dressing Room Attendants	**$21.43**	Library Assistants; **Home Health and Personal Care Aides**; Textile Machine Personnel; Tellers; File Clerks	**$22.40**
7th 10%	**Home Health and Personal Care Aides**; Veterinary Assistants; Costume Attendants; Furniture Finishers	**$20.45**	Gambling Cage Workers; Locker Room, Coatroom, and Dressing Room Attendants; Data Entry Keyers	**$21.49**
8th 10%	**Pharmacy Aides**; Receptionists; Stockers and Order Fillers	**$19.25**	Furniture Finishers; Tire Repairers; Veterinary Assistants; Receptionists; Recreation Workers; Couriers and Messengers	**$21.02**
9th 10%	Driver/Sales Workers; Childcare Workers; Recreation Workers	**$18.71**	Stockers and Order Fillers; **Pharmacy Aides**	**$20.07**
10th 10%	Hotel Desk Clerks; Animal Caretakers; Funeral Attendants; Gambling Cage Workers; Tire Repairers; **Personal Care and Service Workers, All Other**	**$18.11**	Childcare Workers; Animal Caretakers; Funeral Attendants; Driver/Sales Workers; Hotel Desk Clerks; **Personal Care and Service Workers, All Other**	**$18.50**

SOURCE: U.S. Bureau of Labor Statistics, Occupational Employment and Wage Statistics (OEWS), May 2023 and May 2024.

Median Hourly Wages and Annual Earnings





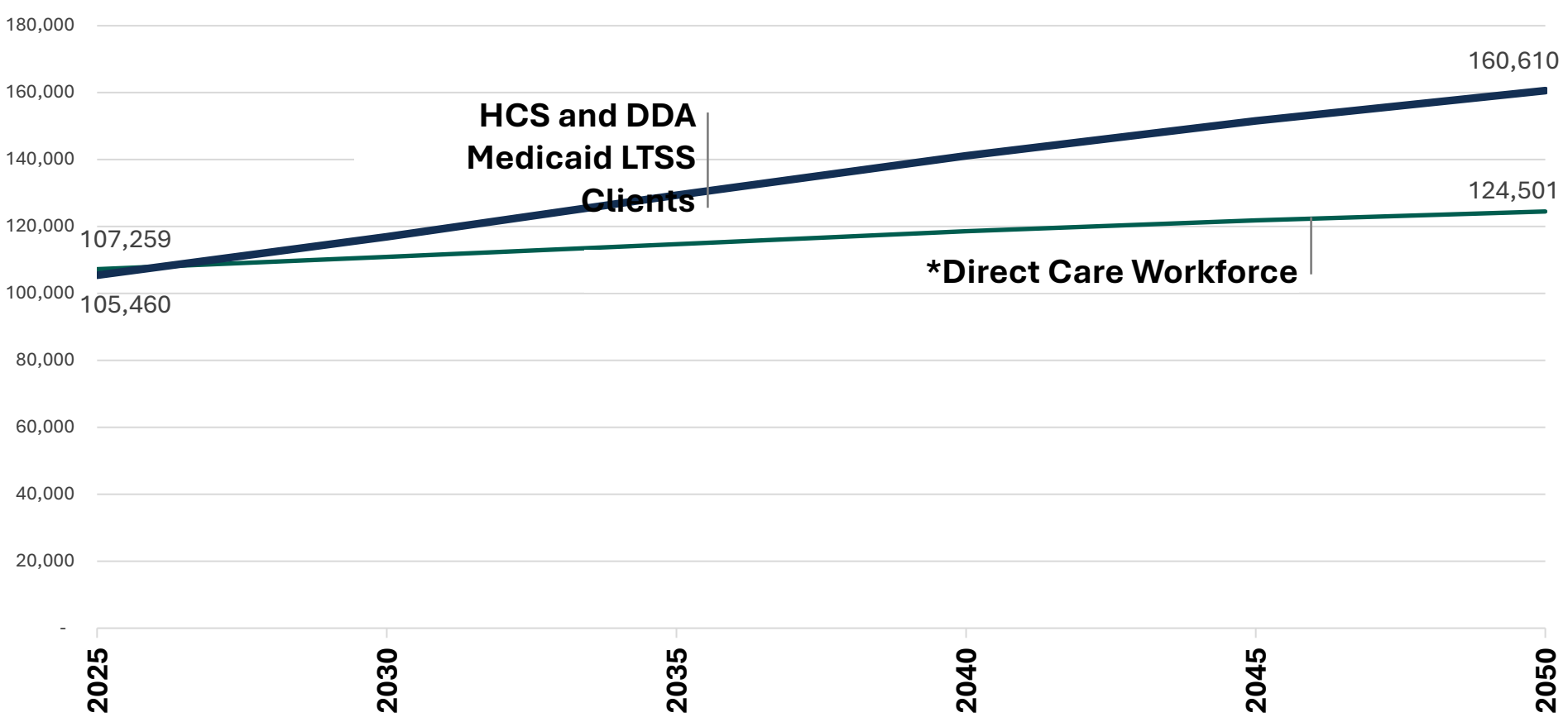
SOURCE: U.S. Bureau of Labor Statistics, Occupational Employment and Wage Statistics (OEWS), May 2023 and May 2024.
U.S. Census Bureau, 2023 American Community Survey 5-Year PUMS data at https://data.census.gov, accessed January 30, 2025.

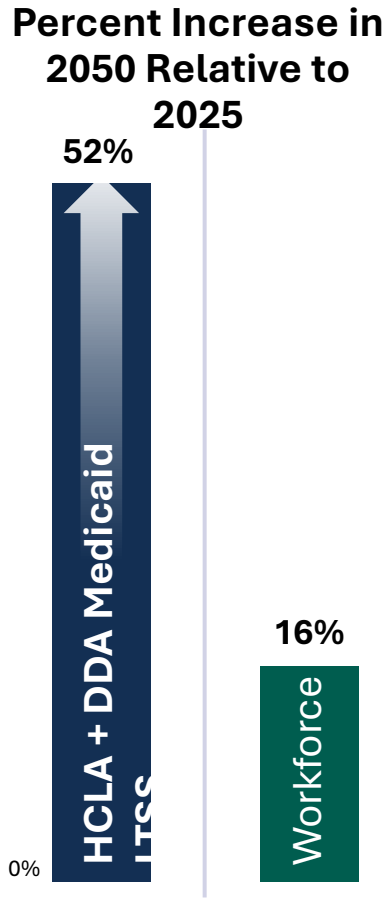
LTSS Workforce Highlights

- Most direct care workers are women (over 80 percent).
- A higher percentage of direct care workers are Black or African American compared to the broader working-age population.
- Compared to the broader working-age population, direct care workers are more likely to have income below 200 percent of the federal poverty level, to be recipients of food assistance, and to rely on public health insurance.
- In BLS data for Washington State, the median wage for DSP/HCAs increased by 9.0 percent (from $20.35/hour to $22.18/hour) from 2023 to 2024. For reference, the overall inflation rate for that same period was 3.3 percent.

Summary of Key Findings

Medicaid LTSS Caseload and Statewide Workforce Forecasts



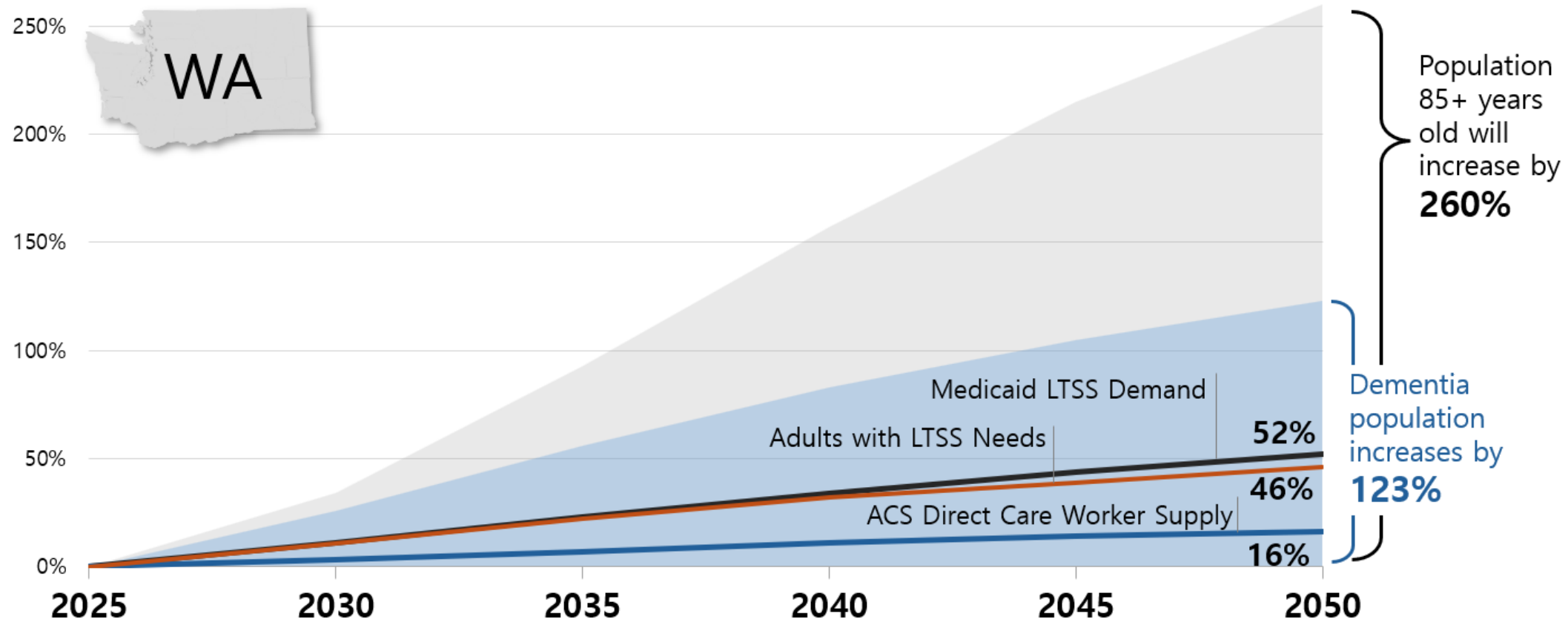


***INCLUDES :** Nursing Assistants, Personal Care Aides, and Home Health Aides

SOURCE: Washington State Department of Social and Health Services, Facilities, Finance, and Analytics Administration, Research and Data Analysis Division, June 2025.

U.S. Census Bureau, 2023 American Community Survey 5-Year PUMS data at https://data.census.gov, accessed January 30, 2025.

LTSS Supply and Demand Projections, 2025-2050 (Main Paper Version)



SOURCE: Washington State Department of Social and Health Services, Facilities, Finance, and Analytics Administration, Research and Data Analysis Division, June 2025.
Washington State Office of Financial Management, Forecasting Division, Population Projections (CY 2025).

LTSS Supply and Demand: What is the Outlook for Washington State?

- Based on current utilization and employment rates and expected future population growth, the number of Washingtonians needing LTSS will increase at a much higher rate than the direct care workforce and the population available to provide informal support.
- Although the Age Wave is expected to significantly increase need for LTSS services among persons age 85+ and persons with dementia, recent rapid growth in Medicaid LTSS caseloads has been driven primarily by increased use of LTSS settings by adults with behavioral support needs for conditions including serious mental illness, substance use disorders, and risk of homelessness.

Questions?

CONTACT:

David Mancuso, PhD • 360.902.7557

Senior Research Scientist | Research and Data Analysis Division

DSHS Finance, Technology and Analytics Administration

david.mancuso@dshs.wa.gov

VISIT US AT: https://www.dshs.wa.gov/rda

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Review of State Caseload Update & Discussion

DSHS

Summer 2026 Caseload Forecast Updates

Jonathon Smith, Budget Support Administrator
Management Services Division, HCLA & DDA

Home and Community Living Administration
Summer 2026 Forecast and Annual Growth

Caseloads												
	Individual Providers		Agency Providers		Adult Family Homes		Assisted Living		Adult Residential Care		Nursing Homes	
FY26	38,784	-	17,509	-	14,963	-	3,819	-	4,199	-	7,991	-
FY27	40,998	5.7%	18,556	6.0%	16,771	12.1%	3,836	0.4%	4,367	4.0%	8,148	2.0%
FY28	42,989	4.9%	19,599	5.6%	18,666	11.3%	3,836	0.0%	4,525	3.6%	8,240	1.1%
FY29	44,672	3.9%	20,572	5.0%	20,650	10.6%	3,836	0.0%	4,671	3.2%	8,296	0.7%

Monthly Per Capita Cost												
	Individual Providers		Agency Providers		Adult Family Homes		Assisted Living		Adult Residential Care		Nursing Homes	
FY26	$4,556	-	$3,508	-	$5,622	-	$2,755	-	$4,721	-	$11,229	-
FY27	$4,886	7.2%	$3,775	7.6%	$5,689	1.2%	$2,740	-0.5%	$4,687	-0.7%	$11,374	1.3%
FY28	$5,047	3.3%	$3,877	2.7%	$5,688	0.0%	$3,154	15.1%	$5,213	11.2%	$11,335	-0.3%
FY29	$5,138	1.8%	$3,971	2.4%	$5,670	-0.3%	$3,773	19.6%	$5,915	13.5%	$12,757	12.5%

Developmental Disabilities Administration
Summer 2026 Forecast and Annual Growth

Caseloads												
	Individual Providers		Agency Providers		Adult Family Homes		Adult Residential Care		Community Residential		Respite	
FY26	15,674	-	1,812	-	1,817	-	75	-	4,584	-	4,828	-
FY27	16,658	6.3%	1,847	1.9%	1,892	4.1%	74	-1.3%	4,716	2.9%	5,149	6.6%
FY28	17,477	4.9%	1,903	3.0%	1,975	4.4%	74	0.0%	4,810	2.0%	5,468	6.2%
FY29	18,163	3.9%	1,959	2.9%	2,048	3.7%	74	0.0%	4,877	1.4%	5,807	6.2%

Monthly Per Capita Cost												
	Individual Providers		Agency Providers		Adult Family Homes		Adult Residential Care		Community Residential		Respite	
FY26	$4,512	-	$3,050	-	$5,615	-	$4,707	-	$20,752	-	$1,059	-
FY27	$4,725	4.7%	$3,189	4.6%	$5,773	2.8%	$4,752	1.0%	$21,168	2.0%	$1,064	0.5%
FY28	$4,725	0.0%	$3,219	0.9%	$5,805	0.6%	$5,272	10.9%	$21,739	2.7%	$1,099	3.3%
FY29	$4,714	-0.2%	$3,200	-0.6%	$5,850	0.8%	$5,958	13.0%	$22,190	2.1%	$1,094	-0.5%

Contact
Jonathon.Smith@dshs.wa.gov

Public Comment

Chair

Adjourn and Thank You!

2026 RSB Meeting Schedule

May 21	**June 3** **June 8** **June 10** **June 24**	**July 13** **July 15**	**August 5** **August 24** **August 31**

For more information, visit the

Consumer Directed Employer Rate Setting Board at:

www.dshs.wa.gov/altsa/stakeholders/consumer-directed-employer-rate-setting-board

TAB 4

WASHINGT ON STATE

Home Care Coalition

Presentation to the Consumer Directed Employer Rate Setting Board

JULY15, 2026

Sustaining the Care behind the Care

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Who We Are & What We Do — PAGES 2–7

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Business & Occupation Tax and Workers' Compensation — PAGES 8–26

03 Agency Administrative Rate
Sustaining the Care behind the Care — PAGES 27–36

04 Appendix

1 WA ST Home Care Coalition – Workers' Compensation Rate Survey · Pages 42–43
2 Agency Provider – Caregiver Mileage Reimbursement Experience · Pages 44–56
3 WA ST Home Care Coalition – Caregiver Mileage Reimbursement Survey · Pages 57–65
4 Agency Provider – Electronic Visit Verification Experience · Pages 66–86

WASHINGTONSTATE

Home Care Coalition

Medicaid-Contracted Home Care Agencies

PRESENTED TO

Consumer Directed Employer Rate Setting Board

July 2026

INTRODUCTION

Thank you. We appreciate the opportunity to speak with the Board and to share the Agency Provider experience.

The Washington State Home Care Coalition has prepared two presentations for your consideration today:

1 PRESENTATION 1

Statutory Cost Recognition

- **B&O Tax Funding**
  Statutory Anchor: RCW 74.39A.310(9)
- **Workers' Compensation**
  Statutory Anchor: RCW 74.39A.310(3)(b)

2 PRESENTATION 2

Partnering to Support Agency Care Management

- **AP Administrative Rate**
  Sustaining the Care behind the Care

Agency Providers – WHO WE ARE

A Statewide Medicaid Personal Care Delivery System

Operating 24 hours a day, 7 days a week to manage Medicaid clients and the caregivers who serve them.

62
Medicaid-Contracted Home Care Agencies

19,500+
Medicaid Clients Served Monthly

14,000+
Home Care Aides Employed Statewide

900+
Direct Care Supervisors & Administrative Professionals

71%
of Medicaid hours billed are delivered by the 13 Union agencies.

20+ years
of continuous Medicaid service by 13 of the Coalition's agencies.

24 / 7
continuous care management of clients and caregivers, every day of the year.

Licensed by the Washington State Department of Health **Contracted** with the 13 regional Area Agencies on Aging

Certified workforce — trained, tested, credentialed & qualified

Agency Providers – WHAT WE DO

A Full-Spectrum of Personal Care Delivery

From client referral through payroll, agencies handle every operational step required to deliver Medicaid Personal Care safely and accountably.

Client Referral & Onboarding

Receive and process referrals from regional partners.

Client Intake & Evaluation

Assess needs and confirm authorized service plans.

Client Staffing

Match clients with qualified caregivers, filling urgent need substitution shifts.

Client Care Management

Ongoing case oversight 24 hours a day, 7 days a week.

Caregiver Recruitment

Source, screen, and hire Home Care Aides.

Caregiver Supervision

Direct Care Supervisors monitor quality and safety.

Compliance Tracking

Training, credentials, more screening and documentation upkeep.

Payroll & Benefits

Wages, health insurance, and retirement administration.

Billing Management

Accurate, auditable Medicaid billing in Provider One and Regional AAA's.

Source: WA ST Medicaid-Contracted Home Care Agencies

Agency Providers – WHAT WE DO

Continuity & Quality of Care – Our Clock is Always Ticking

Care must start fast, never lapse, and stay matched to need

4 hrs

To place a substitute caregiver when a lapse would seriously threaten client health or safety

24 hrs

To start services for an urgent client referral or to place a substitute caregiver when the assigned caregivers is unavailable

7 days

To start non-emergency services after receiving client authorization

Every 6 mo

Supervisor in-home visit to verify the plan of care and to meet in person with the client & caregiver

Beyond timing, the agency owns the quality of every placement:

Continuity of care
Minimize worker turnover for each client and bridge every gap with a substitute caregiver.

Plan-of-care dependability and reliability
Review the care plan with each worker; no change to type or amount of service without DSHS/AAA approval.

Skill & needs matching
Match worker skills to client needs; honor client input, dignity and cultural context.

Condition monitoring
Notify state case managers of changing needs, declined services, or inability to deliver.

Source: SOW §I Service Delivery (Staff/Service Implementation; Substitute Workers; Referrals;Semi-annual Visits; Minor Changes).

ACCOUNTABILITY & OVERSIGHT

Audited, Accountable — and Risk-Bearing

A common Statement of Work, reviewed annually by HCLA, governs every agency — and transfers a defined set of risks onto the agency to manage.

STANDARDIZED ANNUAL AUDIT

116+

performance elements reviewed in every annual agency audit, conducted by the regional Area Agencies on Aging.

Union agencies also complete a biennial payroll audit by a third-party fiscal auditor.

FOUR DIRECTIONS OF ACCOUNTABILITY

DSHS / State & Federal Payer

Billing accuracy, overpayment liability, screening, disclosure, audit.

Area Agencies on Aging

Compliance, sanctions, reporting, ownership, service-area coverage.

Medicaid Clients Served

Safety, continuity, quality, rights, privacy, financial protection.

Caregiver Workforce

Qualification, training, wages, benefits, supervision, safety.

Why this matters to the Board: the vendor rate is the only mechanism that funds risk mitigation. Where the rate under-funds a mitigation cost, the risk is not eliminated — it is transferred to the agency, the workforce, or the client.

A COMPLETE SAFETY NET FOR EVERY CLIENT

The best caregiver is a willing, able family member.

When that isn't possible, agencies make sure no client goes without care.

Washington's consumer-directed program, administered by CDWA, rightly lets clients choose a family member as their paid caregiver — and for most, that is the ideal arrangement. For the thousands of Medicaid clients who have no family member able to serve...the Medicaid-contracted home care agency is the program's safety net.

The client lives alone

No family member is nearby or available to provide daily care.

The family is employed

A working family member cannot leave a job to provide care.

The family cannot

A family member's own health prevents them from providing care.

The family is in crisis

When a family is overwhelmed, a professional caregiver is the best available resource.

Family first — and when family isn't available, agencies stand ready as the dependable, professional, and accountable provider for any client who requires care.

Statutory Cost Recognition

B&O Tax & Workers' Compensation Funding Requests

01

B&O Tax Funding

HB 2081 — Requires a $0.12 technical correction + $0.16 incremental.

02

Workers' Compensation

Close the $0.19 gap to the $1.17 weighted average cost experienced by surveyed agencies; sustain the rate for FY 2027.

Two funding requests already recognized in statute. Ch. 85, Laws of 2026 directs the Department to include the change in average workers' compensation costs experienced by contracted agencies — in an amount the Department determines in its sole discretion (RCW 74.39A.310(3)(b)) — and names B&O tax as a function of the administrative rate (RCW 74.39A.310(9)).

Today, we are here to share home care agency experience data that may be useful as the Department makes those determinations.

PART 1 OF 2 | STATUTORY COST RECOGNITION

B&O Tax Funding Request

Addressing the impact of Washington State House Bill 2081 on Medicaid Personal & Respite care delivery.

STATUTORY ANCHOR — RCW74.39A.310(9)

The home care agency administrative rate expressly supports payment of business and occupation tax, including B&O tax on any increases to the labor rate.

AG EN DA

What we'll cover today

01

The Policy Change

House Bill 2081 and the new B&O tax structure

02

The Financial Impact

How the rate increase translates to cost per service hour

03

The Funding Gap

October 1, 2025 through June 30, 2026 and July 1, 2026 through June 30, 2027

04

Our Funding Request

Two adjustments to the Agency Administrative Rate

THE POLICY CHANGE

House Bill 2081: A consequential B&O tax shift

Effective October 1, 2025, Washington State implemented one of the most consequential B&O tax policy shifts in recent years.

WHAT CHANGED

- Restructured rates for Service & Other Activities into a three-tier system based on prior-year taxable income
- Expanded the tax base, capturing more activity under the new structure
- Added a temporary 0.5% surcharge on businesses with more than $250M in WA taxable income (sunsets Dec. 31, 2029)

NEW THREE-TIER RATE STRUCTURE

Service & Other Activities | Effective Oct. 1, 2025

PRIOR-YEAR TAXABLE INCOME	RATE
Less than $1 million	1.50%
$1M – $4,999,999.99	1.75%
$5 million or more	2.10%

+ 0.5% surcharge on businesses > $250M WA taxable income (begins 2026, sunsets 12/31/2029)

WASHINGTON STATE MEDICAID CONTRACTED HOME CARE AGENCIES

2026–2027 Hours Projection & the $5.0M Revenue Threshold

93.73%

of all statewide Medicaid hours are provided by agencies billing

more than $5.0M during FY2027

(July 1, 2026 – June 30, 2027)

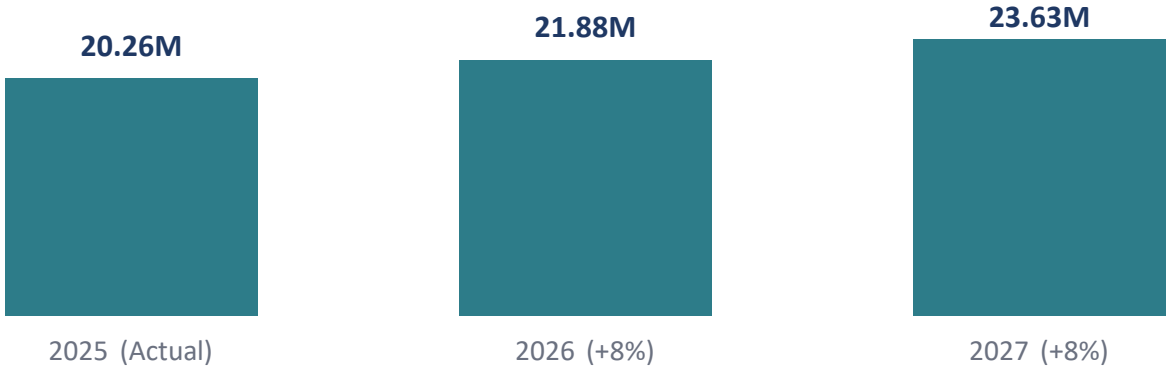
110,522

hours needed to bill $5.0M

$45.24

vendor rate per hour (FY27)

TOTAL PROJECTED MEDICAID HOURS — ALL AGENCIES



BASIS & METHOD

Conservative 8% annual growth applied to 2025 actuals for both projection years. FY2027 hours blend ½ of 2026 and ½ of 2027 (state fiscal year). This *projection sets which agencies cross the absolute $5.0M line.*

Source: DSHS / HCLA — 2019–2025 AAA Medicaid Hours Billed (2025 actuals). Threshold = $5,000,000 ÷ $45.24/hr.

THE FINANCIAL IMPACT

What this means per Medicaid service hour

Medicaid Contracted Home Care Agencies fall into the highest tier. The tax rate jumped from 1.75% to 2.10% — a real cost on every Personal Care and Respite hour delivered.

OCT. 2025 – JUNE 2026
an operational cost increase of

+ $0.15

per Medicaid Personal/Respite hour

Vendor rate $42.92 | Rate change 1.75% → 2.10%

JULY 2026 – JUNE 2027
an operational cost increase of

+ $0.16

per Medicaid Personal/Respite hour

Vendor rate $45.24 | Rate change 1.75% → 2.10%

ONGOING IMPACT

Ongoing

until HB 2081 is amended or repealed

Surcharge tier sunsets 12/31/2029; base rate change does not

THE COST OF WAITING

The Impact of Absorbing the Increased B&O Tax

What the $0.12 technical correction repays — dollars already spent during the October 1, 2025 – June 30, 2027 period.

ABSORBED BY CONTRACTED AGENCIES

$4.88M

Oct 1, 2025 – Jun 30, 2027

$0.15/hour for the first nine months (Oct 2025–Jun 2026) and $0.16/hour through FY27 — a documented, unfunded B&O cost on every Personal Care and Respite hour billed.

Mid-cycle relief under Ch. 85 is discretionary, capped at 2%, and appropriation-contingent — in practice, the Administrative Rate absorbed the tax increase. This is Administrative Rate funding that could be used for:

Direct Care Supervisor wage increases

Retaining the experienced supervisors who direct care and ensure quality on a 24/7 basis.

Caregiver recruiting, retention & engagement

Building and keeping the workforce that delivers every Medicaid hour.

Compliance enhancements for risk mitigation

Strengthening the controls that protect clients, the state, and the program.

Client staffing enhancements

Improving match quality and continuity of care for Medicaid clients.

The tax was real and immediate. The $0.12 technical correction repays this back period — dollars agencies have already diverted from the workforce and compliance enhancements.

OUR REQUEST

Two adjustments to the Agency Administrative Rate

We are requesting statutory cost recognition for the B&O Tax Increase.

REQUEST 1 | TEMPORARY

Historical B&O Tax Rate Adjustment

+$0.12

added to the Agency Administrative Rate

Effective: July 1, 2027 **Sunsets:** June 30, 2029

This will Fund the impact of last year's B&O tax increase that took effect after rates had been set and covers the October 1, 2025 through June 30, 2027 period.

REQUEST 2 | PERMANENT

B&O Tax Rate Increase

+$0.16

added to the Agency Administrative Rate

Effective: July 1, 2027 **Duration:** Permanent

Continues to fund the ongoing impact of HB 2081's permanent B&O rate change on contracted home care agencies.

FISCAL NOTE

B&O Back Period and Incremental Rate Adjustments

Required per impact of HB 2081 | Combined $0.28 rate adjustment effective 7/1/2027; Technical Correction sunsets 6/30/2029

Year 1: 7/1/2027 – 6/30/2028

18,000,000 Agency Provider Projected Billed Hours

B&O Technical Correction (Back Period)	$2,160,000	$0.12
B&O Incremental Rate Adjustment	$2,880,000	$0.16
Combined Cost	$5,040,000	$0.28
GF-State	$2,159,841	42.9%
GF-Fed	$2,880,159	57.1%
HCLA Cost	$4,485,600	89%
GF-State	**$1,915,351**	42.7%
GF-Fed	$2,570,249	57.3%
DDA Cost	$554,400	11%
GF-State	**$244,490**	44.1%
GF-Fed	$309,910	55.9%

Year 2: 7/1/2028 – 6/30/2029

19,500,000 Agency Provider Projected Billed Hours

B&O Technical Correction (Back Period)	$2,340,000	$0.12
B&O Incremental Rate Adjustment	$3,120,000	$0.16
Combined Cost	$5,460,000	$0.28
GF-State	$2,339,829	42.9%
GF-Fed	$3,120,171	57.1%
HCLA Cost	$4,859,400	89%
GF-State	**$2,074,964**	42.7%
GF-Fed	$2,784,436	57.3%
DDA Cost	$600,600	11%
GF-State	**$264,865**	44.1%
GF-Fed	$335,735	55.9%

ASSUMPTIONS

HCLA / DDA split: 89% / 11%. FMAP rates: HCLA 42.7% State / 57.3% Federal; DDA 44.1% State / 55.9% Federal. Costs = Agency Provider Projected Billed Hours × rate adjustment. Technical Correction ($0.12) sunsets 6/30/2029; Incremental Rate Adjustment ($0.16) is permanent.

JULY 2026 | RATE SETTING BOARD

Thank you.

We welcome questions from the Board.

Medicaid Contracted Home Care Agencies — HB 2081 Implementation

PART 2 OF 2 | STATUTORY COST RECOGNITION

Workers' Compensation Funding

Considering the Agency Provider weighted-average cost experience and determining the rate for FY 2028 & FY2029 under ESSB 6019.

STATUTORY ANCHOR — RCW74.39A.310(3)(b)
The Department must include the change in the average workers' compensation costs experienced by Medicaid-contracted home care agencies — in an amount the department determines in its sole discretion.

STATUTORY BASIS

Ch. 85 Requires Recognition of Workers' Compensation Costs

RCW 74.39A.310(3)(b)

As amended by Ch. 85, Laws of 2026 (ESSB 6019) — effective June 11, 2026

When determining the per-quarter-hour amount, the department must include the change in the average costs experienced by Medicaid-contracted home care agencies, as determined by the department in its sole discretion, of employer contributions or premiums required by law, including:

- Federal Insurance Contributions Act (FICA)
- Federal Unemployment Tax Act (FUTA)
- State Unemployment Tax Authority (SUTA)
- State Paid Family Medical Leave Act

◆ **State Workers' Compensation System**

WHAT THIS MEANS

Recognition is mandatory; the amount is not

"Must include" — the recognition duty is mandatory.

Workers' compensation is expressly enumerated. The department cannot omit the change in agency-experienced costs — and the statute names the data source: the agencies themselves, not the L&I base rate.

"In its sole discretion" — the amount is the department's.

The Coalition acknowledges this: the statute obligates recognition of the cost category and leaves the measurement to the department. Our verified survey — 65% of statewide hours — informs that determination.

THE FUNDING TRAJECTORY

Progress Made — and the Remaining Gap

6/30/2025

$0.80860

Prior funding

Self-insured agencies excluded from formula

7/01/2025

$0.96142

After correction

$0.85142 + $0.11 technical correction including self-insured

7/01/2026 → 6/30/2027

$0.98263

FY 2027 (increased)

DSHS raised the rate $0.02121 effective 7/1/2026 based on the incremental change to the labor rate.

REMAINING GAP

$0.19

per hour

Funded: $0.98263 vs. Weighted Average: $1.17

Funding for Medicaid-contracted home care agency workers' compensation is still 18.9% below the weighted average cost experienced by surveyed agencies in CY 2025.

At ~17.75 million CY 2025 billed hours (projected: 18.0 million by FY 2028), the remaining shortfall is approximately $3.3 million per year — even after the 7/1/2026 increase.

THE EVIDENCE

CY 2025 Industry Survey of Medicaid-Contracted Home Care Agencies

7

AGENCIES REPORTING

Medicaid-contracted home care agencies provided their 2026 workers' compensation rates and CY 2025 billed hours.

65%

OF STATEWIDE HOURS

Reporting agencies collectively account for 65% of all Medicaid hours billed in Washington State by home care agencies.

$1.17

WEIGHTED AVERAGE RATE

Weighted average workers' compensation cost as of January 1, 2026, per Medicaid hour billed — weighted by each agency's share of CY 2025 hours.

WHAT THE EVIDENCE SHOWS

The $1.17 weighted average is $0.19 above the $0.98 funded by DSHS effective 7/1/2026.

Funding for the workers' compensation portion of the home care agency vendor rate is still below the weighted average cost experienced by Medicaid-contracted home care agencies — the very cost category Ch. 85 requires the department to include, and the strongest evidence to inform its determination.

Survey Data Behind the $1.17 Weighted Average

CY 2025 workers' compensation rate survey of Medicaid-contracted home care agencies — *the source data for the weighted average cost has been provided to the Board.*

Reporting Agency	2026 WC Rate / Hour	CY 2025 Billed Hours	Share of Reported Hours
Agency 1	$1.2068	935,566	8.1%
Agency 2	$1.1200	3,352,214	29.0%
Agency 3	$1.4371	2,271,276	19.7%
Agency 4	$0.9500	155,420	1.3%
Agency 5	$0.8713	1,949,188	16.9%
Agency 6	$0.9748	1,002,788	8.7%
Agency 7	$1.3400	1,881,735	16.3%
Total Reported	**$1.1684 weighted**	**11,548,187**	**100.0%**

WEIGHTED AVERAGE — VERIFIED

$1.1684

Σ (rate × hours) ÷ Σ hours, across all seven reporting agencies — presented as $1.17.

SURVEY COVERAGE

65.1% of statewide hours — 11,548,187 of ~17,750,000 CY 2025 billed hours.

2026 L&I BASE RATE INCREASES

The 7/1/2026 increase to $0.98263 narrowed but did not close the gap to experienced cost.

Source: REPORT — WA ST HCC Workers' Compensation Rate Survey (July 2026). Agencies anonymized. Funded rate $0.98263 (eff. 7/1/2026); gap to weighted average $0.19.

BACKUP — SENSITIVITY ANALYSIS

The $1.17 Weighted Average Survives Every Trim

We tested the weighted average against potential outlier calculations — in each scenario, removing selected outliers, still results in the weighted average exceeding the funded rate of $0.98.

Scenario	Weighted Average	Gap vs. $0.98263	Annual Shortfall
Full survey — all 7 agencies	**$1.1684**	**$0.19**	**~$3.30M**
Excl. highest rate (Agency 3, $1.4371)	$1.1026	$0.12	~$2.13M
Excl. lowest rate (Agency 5, $0.8713)	$1.2287	$0.25	~$4.37M
Symmetric trim — highest & lowest out	**$1.1641**	**$0.18**	**~$3.22M**
Excl. largest reporter (Agency 2, 29%)	$1.1882	$0.21	~$3.65M
Unweighted median agency rate	$1.1200	$0.14	~$2.44M
Stress: two highest removed (36% of hrs)	$1.0422	$0.06	~$1.06M
Every scenario exceeds the funded rate	**> $0.98263**	—	—

MOST AGGRESIVE CASE

$1.0422

Drop the two highest-rate agencies — 36% of hours — and the average still tops the funded rate.

HOURS ABOVE FUNDED RATE

73.1% of reported hours come from agencies whose cost exceeds the funded rate.

THE ASK IS UNCHANGED

The trims show robustness — the request remains $0.19 to the statutory measure: costs experienced.

Backup slide — presented on request. Derived from WA ST HCC Workers' Compensation Rate Survey (July 2026); each scenario recomputed as Σ(rate × hours) ÷ Σ hours over the retained agencies.

THE COST OF THE GAP

The Unfunded Workers' Comp Gap Has a Real Cost

When funding sits below experienced cost, agencies absorb the difference — out of the same administrative dollars that sustain the workforce.

ABSORBED ANNUALLY, STATEWIDE

~$3.3M

per year at the $0.19 gap

The $1.17 weighted-average experienced cost is $0.19 above the $0.98263 funded rate — across ~17.75M statewide hours, agencies absorb roughly $3.3 million every year the gap stays open.

Mid-cycle relief under Ch. 85 is discretionary, capped at 2%, and appropriation-contingent — in practice, the Administrative Rate absorbs the unfunded workers' comp gap, diverting dollars from:

Direct Care Supervisor wage increases

Retaining the experienced supervisors who direct care and ensure quality.

Caregiver recruiting, retention & engagement

Building and keeping the workforce that delivers every Medicaid hour.

Compliance enhancements for risk mitigation

Strengthening the controls that protect clients, the state, and the program.

Client staffing enhancements

Improving match quality and continuity of care for Medicaid clients.

Closing the gap is cost recognition. Until it closes, these are administrative dollars diverted from the workforce, compliance, and client care.

FISCAL NOTE – WORKERS' COMPENSATION

Estimated Cost of the $0.19 Rate Adjustment

Requested to fund the $1.17 weighted average cost experienced by surveyed agencies | $0.19/hour adjustment to the workers' compensation component

Year 1: 7/1/2027 – 6/30/2028

18,000,000 Agency Provider Projected Billed Hours

Workers' Comp Rate Adjustment	$0.19	
Cost	$3,420,000	
GF-State	$1,465,607	42.9%
GF-Fed	$1,954,393	57.1%
HCLA Cost	$3,043,800	89%
GF-State	**$1,299,703**	42.7%
GF-Fed	$1,744,097	57.3%
DDA Cost	$376,200	11%
GF-State	**$165,904**	44.1%
GF-Fed	$210,296	55.9%

Year 2: 7/1/2028 – 6/30/2029

19,500,000 Agency Provider Projected Billed Hours

Workers' Comp Rate Adjustment	$0.19	
Cost	$3,705,000	
GF-State	$1,587,741	42.9%
GF-Fed	$2,117,259	57.1%
HCLA Cost	$3,297,450	89%
GF-State	**$1,408,011**	42.7%
GF-Fed	$1,889,439	57.3%
DDA Cost	$407,550	11%
GF-State	**$179,730**	44.1%
GF-Fed	$227,820	55.9%

ASSUMPTIONS

HCLA / DDA split: 89% / 11%. FMAP rates: HCLA 42.7% State / 57.3% Federal; DDA 44.1% State / 55.9% Federal. Costs = Agency Provider Projected Billed Hours × $0.19 rate adjustment. Two-year combined total: $7,125,000.

Thank you.

The Coalition welcomes the Board's questions.

FY28 & FY29 RATE PROPOSAL

Partnering to Support Agency Care Management

A Modest 4% Annual Adjustment to the Home Care Agency Administrative Rate – to sustain the Care behind the Care

Presented to the

Consumer Directed Employer Rate Setting Board

July 2026

Our Request

A 4% increase in each of FY28 and FY29

FY 2028

$6.66 → $6.94

+ $0.28 / hour (+4.0%)

4% applied to Base Rate + EVV funding ($0.45).
PPE ($0.23) is excluded from the calculation.

FY 2029

$6.94 → $7.24

+ $0.30 / hour (+4.0%)

Compounded on the FY28 base + EVV funding.
Total two-year increase: +$0.58 / hour (8.7%).

With the Board's continued partnership, this adjustment helps the rate keep up with the increasing costs of care, compliance and risk mitigation.

The Core Finding

The Base Administrative Rate has fallen behind inflation

Base Rate Growth

2016–2026

+26.9%

$5.25 → $6.66

U.S. CPI Inflation

2016–2026 cumulative

+37.6%

Source: U.S. Bureau of Labor Statistics

CPI-U, Seattle-Tacoma-Bellevue

2016–(April) 2026 cumulative

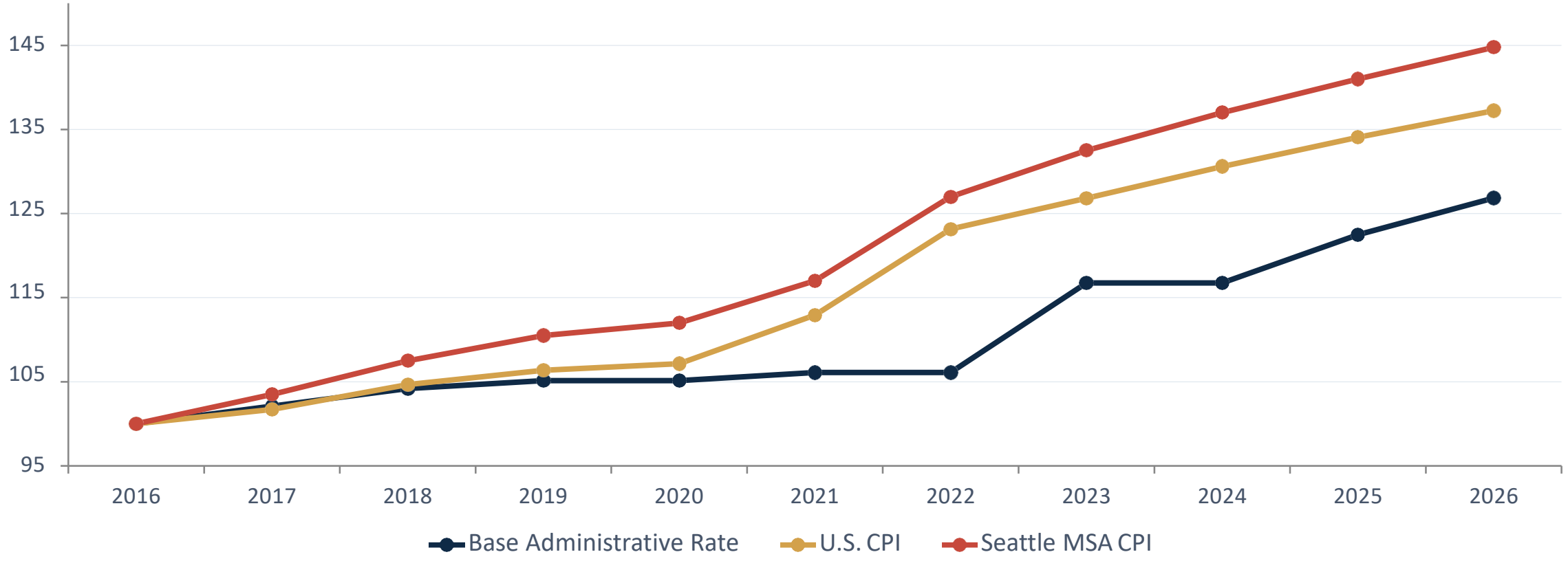
+47.9%

Source: BLS series CUUSA423SA0

If the Base Administrative Rate had matched **Seattle-area inflation**, it would be **$7.75 today** — a **$1.09/hour gap.**

Visualizing the Gap

Base Rate vs. inflation, indexed to July 2016 = 100



Indexed values: July 2016 = 100. Sources: BLS CPI-U (national & Seattle MSA); rate history per Board records.

Base Rate vs. Seattle CPI-U

The Base Rate looks stable, but purchasing power has been lost…eroded by inflation

Year	Actual Base Rate	If Tracked Seattle CPI-U	Gap ($/hr)	Gap (%)
2016	$5.25	$5.25	—	—
2017	$5.36	$5.41	$0.05	1.0%
2018	$5.47	$5.58	$0.11	2.0%
2019	$5.52	$5.72	$0.20	3.7%
2020	$5.52	$5.81	$0.29	5.3%
2021	$5.57	$6.17	$0.60	10.7%
2022	$5.57	$6.73	**$1.16**	**20.8%**
2023	$6.13	$7.05	$0.92	15.0%
2024	$6.13	$7.27	**$1.14**	**18.6%**
2025	$6.43	$7.47	**$1.04**	**16.2%**
2026*	**$6.66**	**$7.75**	**$1.09**	**16.4%**

THE PURCHASING POWER GAP IN 2026

$1.09

All costs have increased: supervisor wages, insurance, rent, EVV software and compliance

2024–2026 INFLATION SURGE

Inflation surge opened a large gap that is difficult to close.

INFLATION CAUSED BASE RATE EROSION

Base Rate +26.9% vs. Seattle CPI-U +47.7% over the same period.

** July 2026 CPI estimated; H2 2026 BLS release pending. Base year 2016 = $5.25. Seattle CPI-U: BLS series CUUSA423SA0 (H2 readings).*

Forward-Looking Cost Pressures

4% does not cover the cost pressures coming in FY28 and FY29

ADMINISTRATIVE STAFF HEALTH INSURANCE
Medical/Rx/Vision/Dental

+11% to 16%

Median 2026 small-group premium increase; ~10% of plans up 20%+, with employer cost per employee crossing $17,000.

KFF / Peterson-KFF Health System Tracker, 2025

LIABILITY INSURANCE
General and Professional Liability–Abuse and Molestation–Non-owned Auto–Crime–CyberSecurity

DSHS-mandated limits doubled: per-incident $1M → $2M and aggregate $2M → $4M, with no offsetting rate adjustment.

Washington DSHS contract requirements

OPERATIONS
5.00% to 12.0%

licensing all continue to climb at or above the requested increase. Additionally, the WA Cares Fund rollout requires new administrative processes and dedicated staff training time.

BLS, Consumer Price Index, WA Cares Fund – RCW 50B.04

DIRECT CARE SUPERVISOR WAGES

WAGE INFLATION

Supervisor pay must keep pace with inflation to retain the staff who recruit, train, and provide 24/7 care management to clients and caregivers.

Reflects Seattle-area wage growth

CAREGIVER MILEAGE REIMBURSEMENT

AP MILEAGE IS UNCAPPED

The Labor Rate funds at $0.42 cents per billed hour or ~6/10ths of a mile. AP Caregivers provide ~8/10ths of a mile per billed hour. This results in an AP reimbursement rate of $0.57 per hour and a $0.15 cents per hour funding gap.

HCC Mileage Survey – June 2026

ELECTRONIC VISIT VERIFICATION

FEDERAL MANDATE

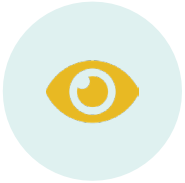
Ongoing EVV enhancements are required by federal law and successive HCS Management Bulletins. EVV has been funded at $0.45 since July 2020 – inflation adjusted value is $0.60 as of April 2026.

21st Century Cures Act; DSHS / HCS bulletins

Workforce Recruiting & Retention / Compliance / Risk Mitigation

Why agency care management matters

Fair Caregiver Wages, secured through collective bargaining, are the foundation of quality home care. **Agency Care Management**, which is the recruiting, training, 24/7 client management and caregiver supervision and compliance infrastructure, builds on that foundation to produce a safe, accountable and reliable in-home personal care system.



WORKFORCE & CLIENT CARE

Administrative funding pays for 24/7 client care management and the recruiting, training, supervising, engagement and retention of the home care workforce — This funding sustains the Care behind the Care.

COMPLIANCE

DSHS rules, reporting, EVV, HIPAA, caregiver records, and quality oversight all live in agency administration. Funding increases compliance capacity.

RISK MITIGATION

Adequate funding lets agencies absorb operational and liability risk that would otherwise fall on DSHS and the Area Agencies on Aging — and, most of all, shields clients from unsafe or interrupted care.

OUR REQUEST TO THE BOARD

Adopt a 4% Base Administrative Rate increase for FY28 and FY29

- **Grounded in the record.** Ten years of rate history and BLS data show a $1.09/hour purchasing-power gap. This request narrows that gap — it does not close it.
- **Conservative by design.** Even after both annual adjustments, the FY29 rate of $7.24 remains below the rate's inflation-adjusted value today — $7.75.
- **Sustains the care behind the care.** Funds the 24/7 care management, compliance, and workforce infrastructure serving 19,500+ Medicaid clients and 14,000+ caregivers across Washington State.

Offered in partnership — a modest, documented adjustment to sustain the system we deliver together.

FISCAL NOTE

Estimated Cost of the 4% Rate Increase

Increase at 7/1/2027			
Agency Provider Projected Hours		18,000,000	
4% Agency Admin Rate Increase		**$0.28**	
Cost		$5,040,000	
GF-State		$2,159,841	42.9%
GF-Fed		$2,880,159	57.1%
HCLA Cost		$4,485,600	**89.0%**
GF-State	**$1,915,351**		42.7%
GF-Fed		$2,570,249	57.3%
DDA Cost		$554,400	**11.0%**
GF-State	**$244,490**		44.1%
GF-Fed		$309,910	55.9%

Increase at 7/1/2028			
Agency Provider Projected Hours		19,500,000	
4% Agency Admin Rate Increase		**$0.58**	
Cost		$11,310,000	
GF-State		$4,846,787	42.9%
GF-Fed		$6,463,213	57.1%
HCLA Cost		$10,065,900	**89.0%**
GF-State	**$4,298,139**		42.7%
GF-Fed		$5,767,761	57.3%
DDA Cost		$1,244,100	**11.0%**
GF-State	**$548,648**		44.1%
GF-Fed		$695,452	55.9%

FMAP = Federal Medical Assistance Percentage **LTC/DDA %** = share of total cost allocated to Long-Term Care vs. DDA programs

WASHINGTON STATE HOME CARE COALITION

Thank you.

We welcome the Board's questions.

FISCAL SUMMARY — ALL FUNDING REQUESTS

Total Cost of the Coalition's FY28–FY29 Requests

B&O tax recognition, workers' compensation recognition, and the Agency Administrative Rate — combined two-year cost of **$33,975,000**, of which the state share is **$14,575,275 (42.9%)**.

Funding Request	Rate / Hour	Year 1 (FY28) 18,000,000 hours	Year 2 (FY29) 19,500,000 hours	Combined 37,500,000 hours
B&O Tax — Technical Correction (back period)	$0.12	$2,160,000	$2,340,000	$4,500,000
B&O Tax — Incremental Adjustment	$0.16	$2,880,000	$3,120,000	$6,000,000
Workers' Compensation (to $1.17 weighted average)	$0.19	$3,420,000	$3,705,000	$7,125,000
Statutory Cost Recognition — Subtotal	**$0.47**	**$8,460,000**	**$9,165,000**	**$17,625,000**
Agency Administrative Rate — 4% + 4%	$0.28 / $0.58	$5,040,000	$11,310,000	$16,350,000
Total — All Coalition Requests	**$0.75 / $1.05**	**$13,500,000**	**$20,475,000**	**$33,975,000**
GF-State share (42.9%)		$5,791,500	$8,783,775	**$14,575,275**
GF-Federal share (57.1%)		$7,708,500	$11,691,225	**$19,399,725**

Year 1 effective 7/1/2027; Year 2 effective 7/1/2028 (Administrative Rate cumulative at $0.58). GF splits per FMAP. HCLA / DDA program allocation (89% / 11%) and program-level FMAP detail are presented in the individual fiscal notes for each request.

Appendix

Supporting Surveys and the Agency Provider Experience Presentations

A-1 | WA ST Home Care Coalition

Workers' Compensation Rate Survey

A-2 | Agency Provider Presentation

Caregiver Mileage Reimbursement Experience

A-3 | WA ST Home Care Coalition

Caregiver Mileage Reimbursement Survey

A-4 | Agency Provider Presentation

Electronic Visit Verification Experience

Thank You.

Washington State

Home Care Coalition

With Sincere Appreciation

We greatly appreciate the opportunity to speak with you and to share our experiences as Medicaid Contracted Home Care Agencies.

The work you do is of extreme importance to thousands of Caregivers, Medicaid Clients, and to all members of the Washington State Home Care Coalition.

Executive Committee

Washington State Home Care Coalition

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Eric Erickson

Executive Director

CDM Caregiving Services

COALITION VICE PRESIDENT

Cherie Noble

Program Director

Generational Care

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Korean Women's Association

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First Choice In-Home Care

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Julia Weinmaster

State Director

All-Ways Caring

Appendix

Supporting Surveys and the Agency Provider Experience Presentations

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Appendix

A-1 | WA ST Home Care Coalition

Workers' Compensation Rate Survey

Appendix A-1

HCC – Workers' Compensation Rate Survey

June 2026 · Washington State Home Care Coalition · Agency-reported 2026 workers' compensation rates weighted by CY 2025 billed hours

Agency	2026 Workers' Comp Rate / Hr	CY 2025 Hours Billed	Rate × Hours (Weighted $)	Share of Reported Hours
Agency 1	$1.2068	935,566	$1,129,041	8.1%
Agency 2	$1.1200	3,352,214	$3,754,480	29.0%
Agency 3	$1.4371	2,271,276	$3,264,051	19.7%
Agency 4	$0.9500	155,420	$147,649	1.3%
Agency 5	$0.8713	1,949,188	$1,698,328	16.9%
Agency 6	$0.9748	1,002,788	$977,518	8.7%
Agency 7	$1.3400	1,881,735	$2,521,525	16.3%
Total Reporting		**11,548,187**	**$13,492,591**	**100.0%**

Survey coverage: Reporting agencies billed 11,548,187 hours — 65.1% of the est. 17,750,000 statewide Agency Provider hours billed (CY 2025).

WEIGHTED AVERAGE COST

$1.1684

per hour

Currently Funded Rate

$0.98263 *(HCLA, eff. 7/1/2026)*

Funding Gap per Hour

$0.1857 *(18.9% of funded rate)*

Est. Statewide Annual Shortfall

$3,296,939 *(gap × statewide hours)*

Appendix

A-2 | Agency Provider

Caregiver Mileage Reimbursement Experience

PRESENTATION TO THE

Consumer Directed Employer Rate Setting Board

Personal Care *Is Transportation.*

Why the $0.423 mileage reimbursement no longer covers the cost of caregiving — and why caregivers, clients, and agencies cannot keep absorbing the gap.

Washington State Home Care Coalition | July 2026

OUR POSITION

Three items the RSB will hear today.

01

Caregivers are the equation.

Every Medicaid hour, every mile, every doctor's appointment kept — it all happens because a caregiver got in their own car and drove. Caregivers are the service.

02

Personal care IS transportation.

You cannot separate the ride from the care. Getting a client to dialysis, to the pharmacy, to the grocery store and into their community — that is personal care. Transportation is not an add-on; it is the work.

03

Agencies cannot keep absorbing this.

The reimbursement rate of $0.423 per billed hour for mileage; the true 2026 cost is roughly $0.57 and rising. Across an est. 17.75M statewide hours paid in CY2025 (DSHS), agencies will absorb a 25.7% gap in 2026 — 29.6% by 2028.

OUR CAREGIVERS

They drive their own cars. They buy their own gas.

Without them, there is no Medicaid in-home care program.

“My caregiver drives me to dialysis three times a week. If she didn't, I wouldn't make it. She's not delivering a service — she's keeping me alive.”

— Medicaid in-home care client

Personal vehicles

Caregivers use their own cars — paying for fuel, insurance, maintenance, and depreciation out of pocket.

Reimbursed at IRS rate

Agencies must be funded to reimburse caregivers at the federal IRS business rate ($0.725/mile in 2026) to fairly cover caregiver vehicle operating costs.

~0.785 miles per hour billed

Coalition survey data (CY2023–2025) show caregivers average 0.785 miles for every Medicaid hour billed — a stable, repeated pattern across years. *The Labor Rate funds at 0.604 miles per Medicaid hour billed.*

Funding the miles supports the workforce…

…and together, we keep our clients healthy, independent and at home – which is exactly what this program was built for.

WHAT THE MILES ACTUALLY DELIVER

Transportation is not extra. It is the care.

Three categories of trips — every one of them is a Medicaid service the state has committed to provide.

Medical appointments

Dialysis. Wound care. Cancer treatment. Mental health. Specialist follow-ups. When the caregiver doesn't drive, the appointment is missed — and the state pays later in ER visits, hospitalizations, and avoidable decline.

Essential shopping

Groceries. Prescriptions at the pharmacy. Adult incontinence supplies. Without these trips, clients go without food, without medication, and without basic dignity. There is no substitute for being driven.

Community integration

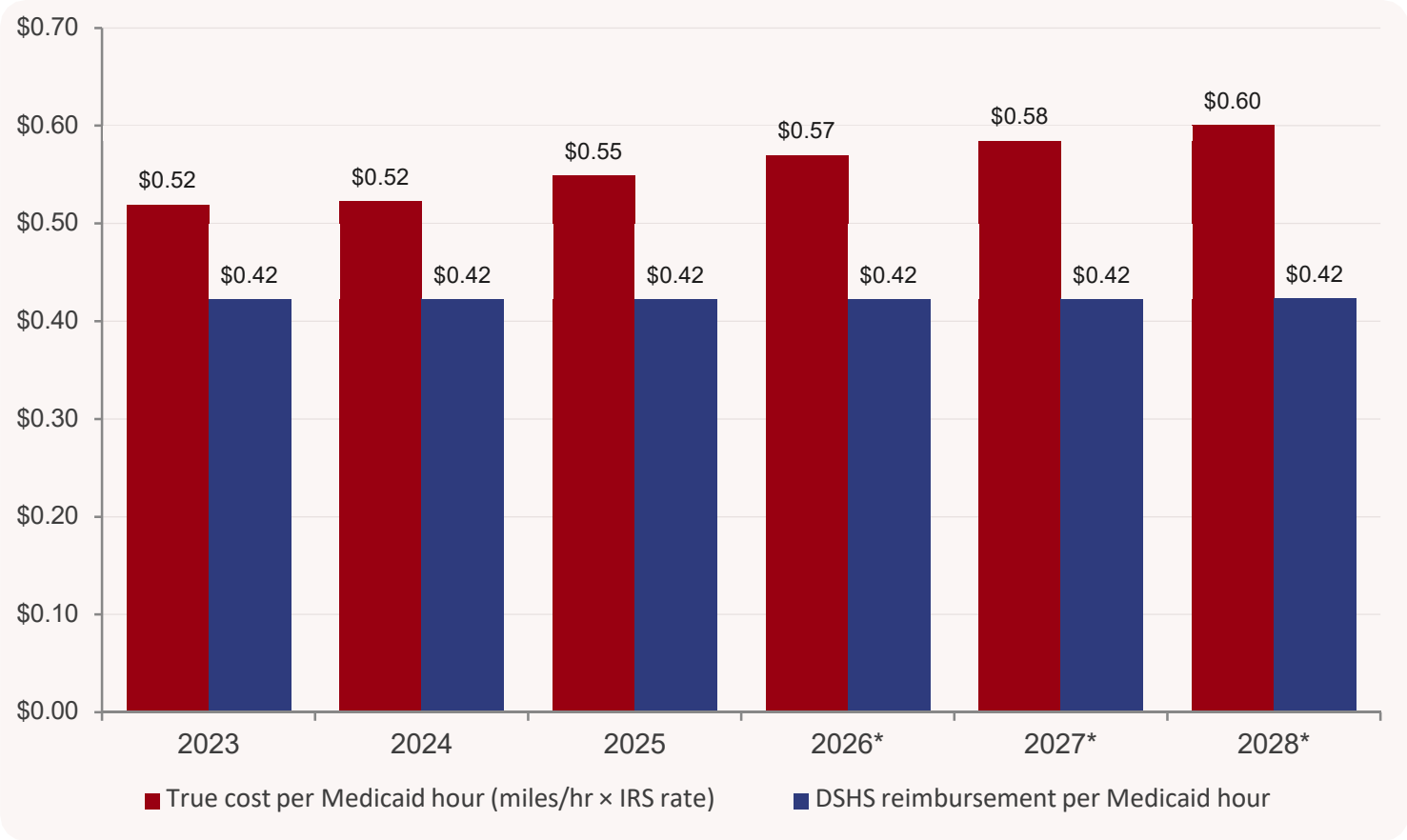
Visits to family. Senior centers. Church. The library. Federal HCBS rules require that Medicaid clients live in their community — not isolated in their homes. Transportation makes integration real.

For client transportation, Agency Providers are governed by their AAA Contracts and the Statement of Work (SOW).

The key rate language in the 2026 SOW reads: "**Mileage reimbursement is built into the Home Care Agency Vendor Rate**." Because it is bundled into the rate this way, there is no separate per-mile payment and, correspondingly, no stated mileage ceiling.

THE FUNDING REALITY

The Rate: $0.42 was set years ago. The road got more expensive.



$0.15

gap per AP Medicaid hour billed in 2026

25.7%

of true mileage cost agencies must absorb in 2026

29.6%

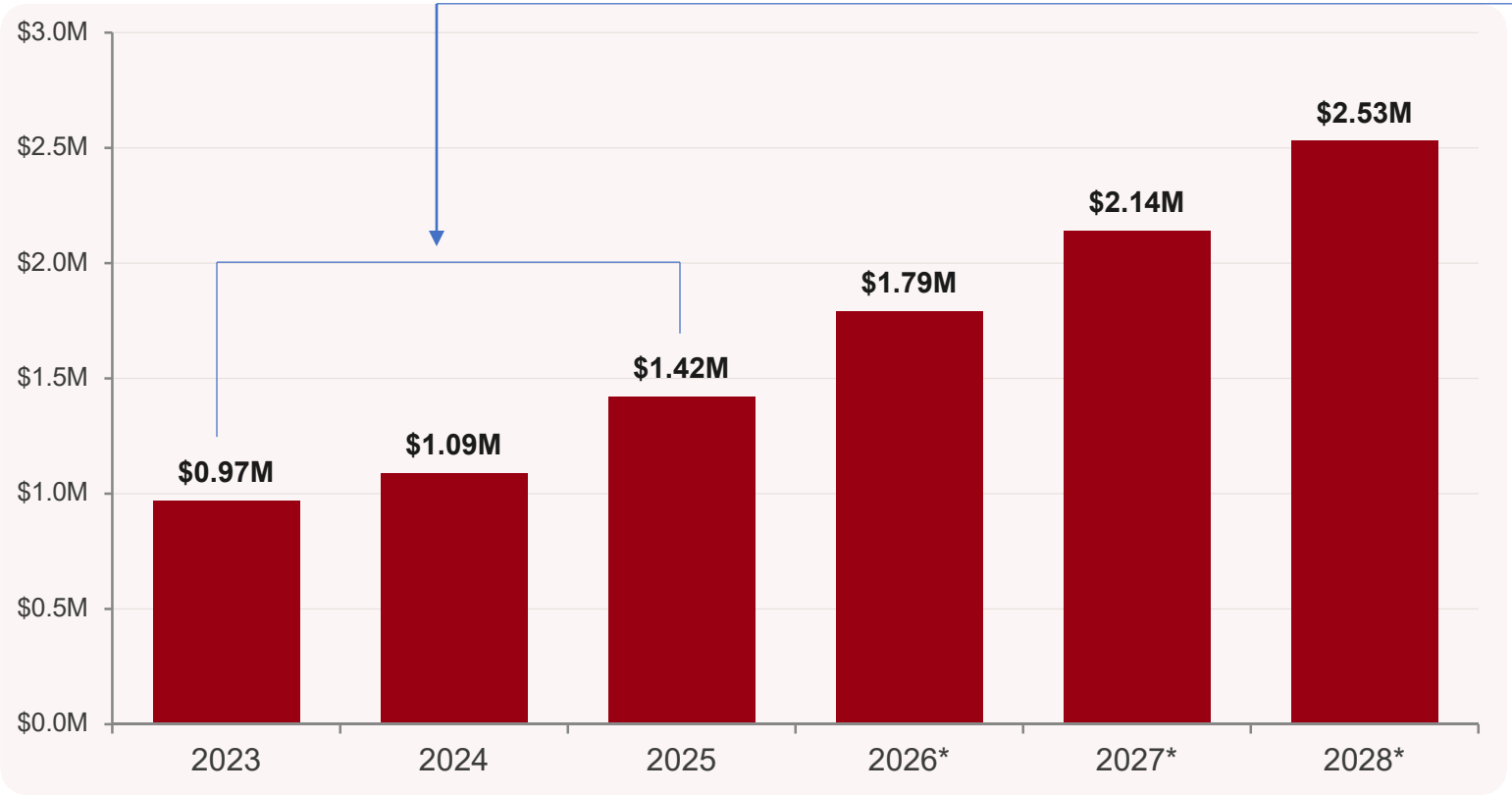
of true mileage cost agencies will absorb by 2028

Source: WA HCC Mileage Reimbursement Survey, CY2023–2025 (~63–73% of statewide AP hours). Statewide AP paid hours, CY2025: est. 17.75M, per DSHS Budget Support Administrator, Management Services Division (6/3/2026). 2026–2028 are Coalition projections (8% annual hour growth; IRS rates $0.725/$0.745/$0.765).

THE TOTAL DOLLAR SHORTFALL

The hole agencies are paying out of Administrative Rate.

Annual unfunded mileage cost for surveyed agencies — what agencies pay above the $0.423/hour DSHS reimbursement.



$3.48M

absorbed by respondents, 2023–2025

This is Administrative Rate that cannot be used for inflation based Supervisor wage increases, caregiver recruiting, retention and engagement, compliance enhancements and client staffing enhancements.

+ $6.46M

Projected…absorbed by respondents 2026–2028

Source: WA HCC Mileage Reimbursement Survey, CY2023–2025. Statewide hours: DSHS Budget Support Administrator, Management Services Division (6/3/2026). 2026–2028 are Coalition projections.

THE COST CASCADE

When the rate doesn't move, three groups pay.

And the bill always lands hardest on the people the program exists to protect.

Caregivers

~$0.30/mile out of pocket in 2026

Agency reimbursement at the IRS rate keeps caregivers whole on vehicle costs.

If agencies reimbursed caregivers at the funded rate, caregivers would absorb the gap themselves — or refuse trips. Either way, the workforce shrinks.

Medicaid clients

Missed appointments. Lost independence.

When transportation falls through, dialysis is missed, prescriptions go unfilled, community ties dissolve. Federal HCBS settings rules require community integration — underfunded mileage undermines compliance.

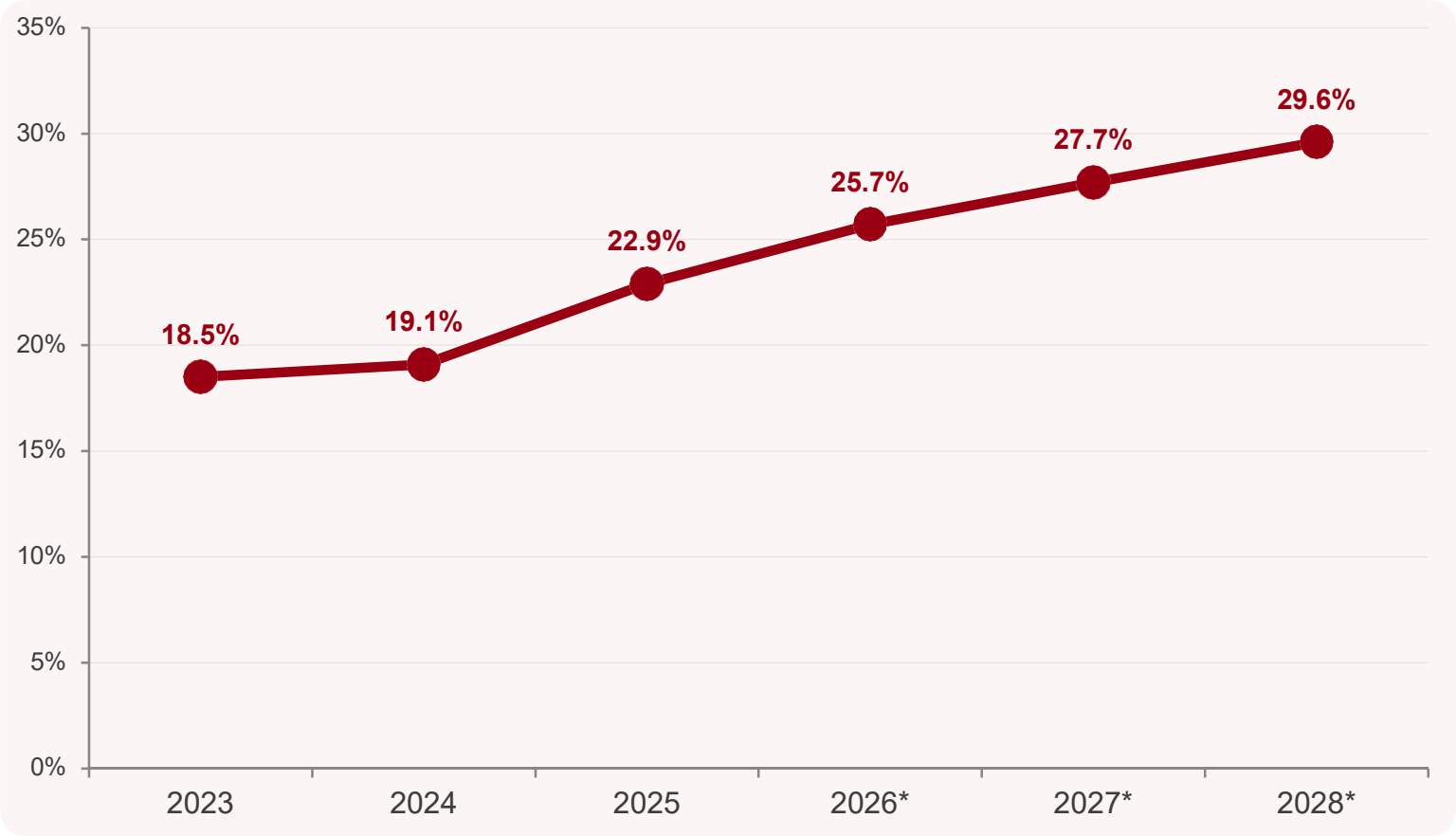
Agencies

$1.8M absorbed in 2026 (survey respondents alone)

Mileage shortfall is paid out of the administrative rate and is needed fund recruiting, supervision, training, and back-office support. Every dollar diverted to mileage is a dollar not spent strengthening the workforce.

THE TRAJECTORY

This is not a flat problem. It compounds every year.



Three pressures, all moving the wrong way.

Hours billed are growing.

Statewide, agencies billed an est. 17.75M paid hours in CY2025 (DSHS). Survey respondents: 10.1M (2023) → 11.3M (2025), with 8% projected annual growth.

The IRS rate keeps rising.

$0.655 (2023) → $0.725 (2026). Vehicle ownership simply costs more every year.

The reimbursement hasn't changed.

The rate is the same year after year. The math gets worse on its own.

**Coalition projections.*

THE EVIDENCE — COALITION MILEAGE SURVEY

Three years of data behind the ask.

Seven Medicaid-contracted agencies reported CY 2023–2025 billed hours and reimbursed miles. Summary results shown; agency-level data has been provided to the Board.

Year	Surveyed Hours Billed	Caregiver Miles Reimbursed	Miles / Hour Billed	IRS Rate	Cost Absorbed by Agencies	Shortfall / Hour
2023	10,122,131	8,018,629	0.792	$0.655	$970,541	**$0.096**
2024	10,933,561	8,528,027	0.780	$0.670	$1,088,882	**$0.100**
2025	11,315,123	8,867,658	0.784	$0.700	$1,421,064	**$0.126**
3-Year Total	**32,370,815**	**25,414,314**	**0.785**	**—**	**$3,480,486**	**$0.108 avg**

SURVEY COVERAGE

66.2% of statewide Agency Provider hours across 2023–2025 (63.7% in CY 2025, per the DSHS est. of 17.75M hours).

THE TREND

+31% growth in the per-hour shortfall in three years — $0.096 to $0.126 — while the funded rate stayed frozen at $0.423.

THE BRIDGE TO $0.15

At the surveyed 0.78 miles per hour and the 2026 IRS rate of $0.725, the real cost is **≈ $0.57 / hour**. The frozen $0.423 leaves the $0.15 gap this request closes.

Source: WA ST Home Care Coalition Mileage Survey, May 2026 (CY 2023–2025). Agencies anonymized. Cost absorbed = (miles × IRS rate) − (hours × $0.423 labor-rate mileage funding).

THE MILES BEHIND THE MONEY

The Labor Rate funds 0.60 miles. AP Caregivers drive 0.78.

At $0.423 per hour and the 2025 IRS rate, DSHS funds about six-tenths of a mile for every hour billed — but agency caregivers actually drive nearly eight-tenths. The frozen rate covers barely three-quarters of the road.

AP CAREGIVERS DRIVE

LABOR RATE FUNDS

The 0.18-mile gap per hour — about 23% of every mile driven — is unfunded, absorbed by agencies.

FUNDED MILES ARE FALLING

Because $0.423 is frozen while the IRS rate climbs, each year it buys **fewer funded miles**:

Yr.	Miles Funded Per Hour Billed	IRS Rate
2023	0.646 mi	$0.655 IRS
2024	0.631 mi	$0.670 IRS
2025	0.604 mi	$0.700 IRS

Same miles driven. Fewer funded. The gap widens every year.

Miles funded per hour = $0.423 ÷ IRS mileage rate. Miles driven per hour from WA ST HCC Mileage Survey, CY2023–2025 (66.2% of statewide AP hours). IRS rates: 2023 $0.655, 2024 $0.670, 2025 $0.700.

Tie the Rate to the Agency Caregiver Experience?

The Coalition asks the Rate Setting Board to recommend a mileage reimbursement methodology that:

1

Reimburses at the actual cost

Request Agency Provider Mileage Reimbursement Surveys each biennium to re-index the rate and to ensure against under or over funding.

2

Treats transportation as personal care

What is true in practice is that transportation to medical appointments, essential shopping and community life is the service.

?

Prior to 2022 when the RSB first met, mileage funding rates where adjusted annually by the Department, based on CBA mileage authorization adjustments and the IRS mileage reimbursement rate, which is effective on January 1st of each year.

RCW 74.39A.310(3)(a)(iii) lists mileage among the wages-and-benefits components of the vendor rate.

Caregivers drive the program.

Literally.

Honor the work. Celebrate the workforce.

Thank you and we welcome the Board's questions.

Appendix

A-3 | WA ST Home Care Coalition

Caregiver Mileage Reimbursement Survey

WASHINGTON STATE HOME CARE COALITION

Agency Provider Mileage Reimbursement Survey

Calendar Years 2023 – 2025 | Prepared July 2026

Report 1 — Presented to the Consumer Directed Employer Rate Setting Board

HEADLINE FINDINGS

What Three Years of Survey Data Show

$3.48M

Cost absorbed by the seven surveyed agencies, CY2023–2025 (IRS-rate cost vs. labor-rate funding)

$0.108 / hr

Average funding shortfall per Medicaid hour billed across the three-year period

0.784

Miles caregivers actually drove per hour billed in 2025 — steady at ~0.78 across all three years

0.604

Miles per hour the frozen $0.423 labor-rate funding covered in 2025 at the IRS rate — down from 0.646 in 2023

SECTION 1 — REPORTED DATA BY AGENCY

Survey Responses: Agencies 1 – 4

Agency 1

Year	Medicaid Hours Billed	Miles Reimbursed	Miles / Hour
2023	159,558	309,080	1.94
2024	155,987	289,987	1.86
2025	167,780	316,889	1.89
Subtotal	**483,325**	**915,956**	**1.90**

Agency 2

Year	Medicaid Hours Billed	Miles Reimbursed	Miles / Hour
2023	900,268	1,102,767	1.22
2024	960,518	1,084,738	1.13
2025	979,011	1,092,662	1.12
Subtotal	**2,839,797**	**3,280,167**	**1.16**

Agency 3

Year	Medicaid Hours Billed	Miles Reimbursed	Miles / Hour
2023	3,316,831	1,488,139	0.45
2024	3,228,981	1,405,683	0.44
2025	3,289,989	1,494,369	0.45
Subtotal	**9,835,801**	**4,388,191**	**0.45**

Agency 4

Year	Medicaid Hours Billed	Miles Reimbursed	Miles / Hour
2023	1,922,779	2,307,335	1.20
2024	2,303,597	2,764,316	1.20
2025	2,271,276	2,725,531	1.20
Subtotal	**6,497,652**	**7,797,182**	**1.20**

Survey Responses: Agencies 5 – 7

Agency 5

Year	Medicaid Hours Billed	Miles Reimbursed	Miles / Hour
2023	1,530,983	1,266,514	0.83
2024	1,792,694	1,334,322	0.74
2025	1,881,735	1,312,591	0.70
Subtotal	**5,205,412**	**3,913,426**	**0.75**

Agency 6

Year	Medicaid Hours Billed	Miles Reimbursed	Miles / Hour
2023	883,292	543,225	0.62
2024	860,243	485,953	0.56
2025	936,366	624,350	0.67
Subtotal	**2,679,901**	**1,653,528**	**0.62**

Agency 7

Year	Medicaid Hours Billed	Miles Reimbursed	Miles / Hour
2023	1,408,420	1,001,570	0.71
2024	1,631,541	1,163,028	0.71
2025	1,788,966	1,301,266	0.73
Subtotal	**4,828,927**	**3,465,864**	**0.72**

Reading the variation

Miles per hour ranges from 0.45 to 1.90 across agencies, reflecting service area geography, client density, and travel policies. The weighted statewide picture appears in Section 2.

SECTION 2 — SURVEY SUMMARY

Weighted Statewide Results & Survey Coverage

Year	Surveyed Hours Billed	Caregiver Miles Reimbursed	Miles per Hour Billed	Survey Coverage
2023	10,122,131	8,018,629	0.792	72.7%
2024	10,933,561	8,528,027	0.780	63.4%
2025	11,315,123	8,867,658	0.784	63.7%
3-Year Total	**32,370,815**	**25,414,314**	**0.785**	**66.2%**

66.2%

of statewide Agency Provider hours covered, CY2023–2025

0.785

weighted average miles per hour billed, 3-year total

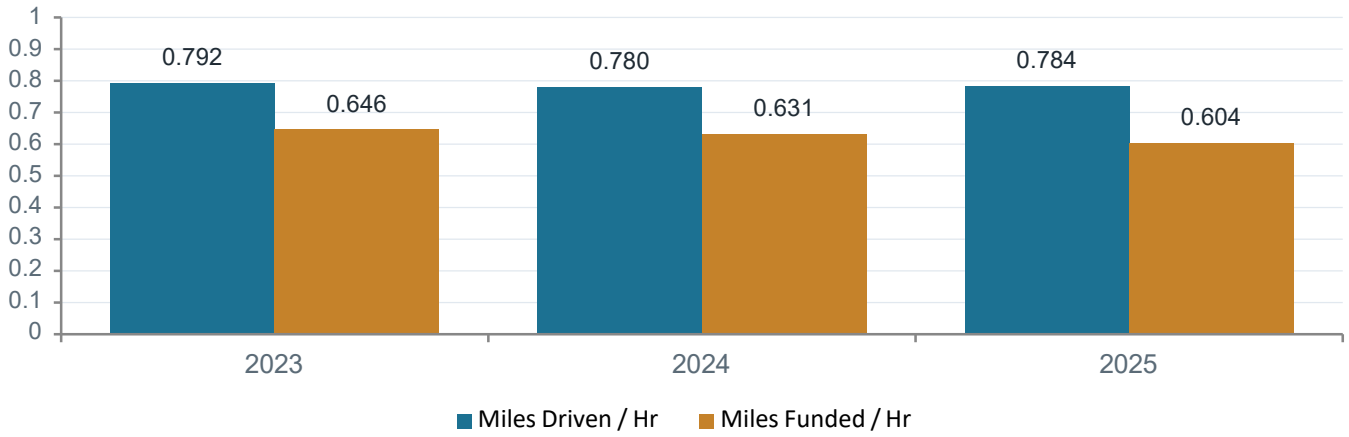
32.4M

surveyed Medicaid hours billed across the three years

SECTION 3 — FUNDED VS. DRIVEN

Miles Funded by DSHS vs. Miles Driven by Caregivers

Year	IRS Rate	Miles Driven / Hr	Miles Funded / Hr (at $0.423)	Funded as % of Driven	Unfunded Miles / Hr
2023	$0.655	0.792	0.646	81.5%	0.146
2024	$0.670	0.780	0.631	80.9%	0.149
2025	$0.700	0.784	0.604	77.1%	0.179
3-Yr Avg	**$0.675**	**0.785**	**0.626**	**79.8%**	**0.159**



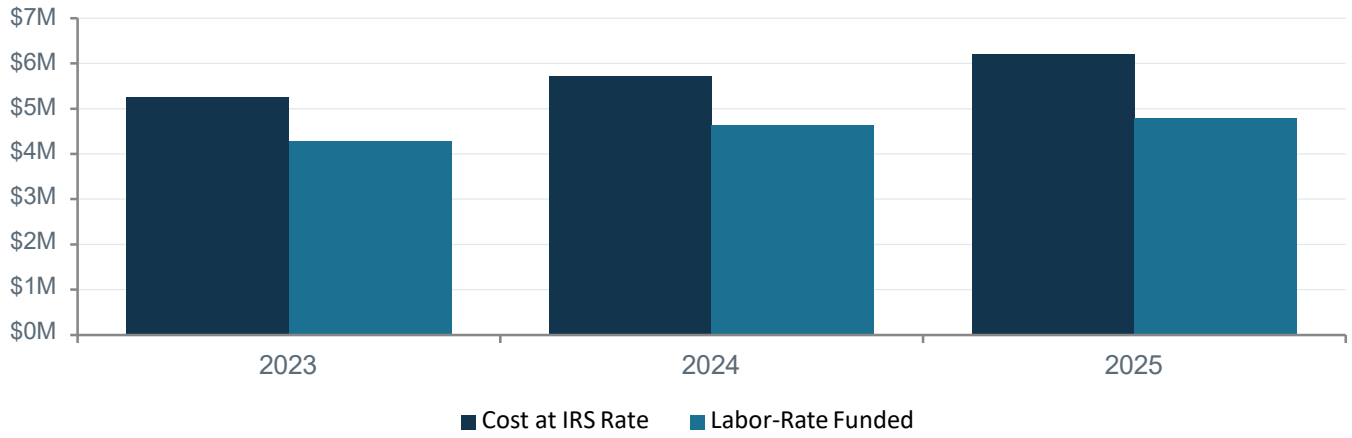
A widening gap

The $0.423/hr funded amount is fixed while the IRS rate rises, so funded miles fell from 0.646 to 0.604 — even as caregivers drove a steady ~0.78 miles per hour.

SECTION 4 — COSTABSORBEDBYAGENCIES

IRS-Rate Cost vs. Labor-Rate Funding

Year	IRS Mileage Rate	Cost at IRS Rate	Labor-Rate Funded	Shortfall per Hour
2023	$0.655	$5,252,202	$4,281,661	$0.096
2024	$0.670	$5,713,778	$4,624,896	$0.100
2025	$0.700	$6,207,361	$4,786,297	$0.126
3-Year Total	**$0.675**	**$17,173,341**	**$13,692,855**	**$0.108**



$3.48M

absorbed by the seven surveyed agencies over three years — the gap between the two bars

METHODOLOGY & SOURCES

- Miles funded per hour = $0.423 labor-rate mileage funding ÷ IRS mileage rate. Because the funded amount is frozen while the IRS rate rises, funded miles per hour fall each year (0.646 in 2023 to 0.604 in 2025) even as caregivers drive a steady ~0.78 miles per hour.
- Cost absorbed = (caregiver miles × IRS rate) − (Medicaid hours billed × $0.423 labor-rate mileage funding).
- Statewide Agency Provider paid hours, CY2025: est. 17,750,000 per DSHS Budget Support Administrator, Management Services Division (6/3/2026). CY2023–2024 per DSHS.
- IRS standard business mileage rates: 2023 $0.655; 2024 $0.670; 2025 $0.700. Seven Medicaid-contracted agencies reporting; agencies anonymized.
- Survey covers 66.2% of statewide Agency Provider hours over CY2023–2025.

Appendix

A-4 | Agency Provider Presentation

Electronic Visit Verification Experience

PRESENTED TO THE CONSUMER DIRECTED EMPLOYER RATE SETTING BOARD

Electronic Visit Verification

Restoring a Rate Frozen Since July 1, 2020 (FY2021) to Its Real Value

CURRENT FUNDING
SET AT 7/1/2020

$0.45

→

INFLATION ADJUSTED VALUE

$0.60 per hour

A $0.15 / hour inflation adjustment to a rate unchanged since FY2021

Washington State Home Care Coalition

June 2026

THE ASK AT A GLANCE

Funding that would restore the rate.

CURRENT RATE

$0.45

per service hour

INFLATION ADJUSTED RATE

$0.60

per service hour

ADJUSTMENT

+$0.15

per hour (≈ 33% lift)

WHY $0.60?

Held flat since July 2020, the $0.45 rate now buys far less than it did. In today's dollars it is worth about $0.60 — so restoring it to $0.60 is a catch-up to inflation, not a new benefit.

FEDERAL MANDATE

EVV is not optional — it is required by federal law

THE 21st CENTURY CURES ACT

Enacted December 2016

Congress required every state Medicaid program to implement Electronic Visit Verification for personal care and home health services. EVV exists to verify that authorized services are actually delivered to Medicaid beneficiaries, deter fraud, and protect program integrity.

Accountability

Verify services were delivered as authorized

Anti-Fraud

Detect and deter billing for unrendered services

Client Protection

Confirm vulnerable Medicaid beneficiaries receive care

WASHINGTON STATE'S APPROACH

Provider Choice Model

Under Washington's model, agencies — not the State — own the EVV system. Each agency must:

- Select and maintain its own EVV platform
- Meet every federal and state requirement
- Capture and transmit visit data to ProviderOne
- Maintain system integrity and audit readiness

FE DERAL GUIDANCE

CMS anticipated this cost — and pointed to the rate

When CMS implemented the EVV mandate, it specifically addressed the provider-choice model that Washington uses — and told states how to keep it from harming providers.

CMCSINFORMATIONALBULLETIN—MAY16,2018

The federal expectation

Under the provider-choice model, CMS found that single or small agencies are likely to incur higher EVV costs than under any other model.

CMS advised that states may mitigate that burden by incorporating EVV costs into the rate methodology used to develop the rate paid to providers.

In short: the federal government expected the State — not the agency — to fund EVV through the rate.

Washington chose provider choice

Agencies must select and self-fund their own EVV systems — exactly the model CMS flagged as the most costly to providers.

The $0.45 add-on is that mitigation

Washington's EVV rate is the “rate methodology” CMS described. It exists to offset the cost the State shifted onto agencies.

Frozen, it stops doing its job

A mitigation held flat since 2020 no longer covers the cost it was created to offset — the outcome CMS guidance was written to prevent.

Source: CMS Center for Medicaid & CHIP Services, Informational Bulletin, “Electronic Visit Verification,” May 16, 2018 (cib051618). Access standard: SSA § 1902(a)(30)(A).

EXPANDING SCOPE

What agencies are now required to do

Since initial implementation, EVV requirements have expanded through federal guidance and multiple Washington State Management Bulletins. Each new requirement is an additional cost that agencies absorb.

Six Mandated Data Elements

Required for every visit — SSA § 1903(l)(5)(A)

1. Type of service performed
2. Individual receiving the service
3. Date of service
4. Location of service delivery
5. Individual providing the service
6. Time the service begins and ends

Claims Alignment

Every Medicaid claim must reconcile to a verified visit

Audit Trails

Tamper-evident logs; no unauthorized record edits

Exception Management

Manual corrections with documented supervisor review

Real-Time Oversight

Live compliance monitoring and enforcement

ePHI Protection

HIPAA and HITECH safeguards for all visit data

Failure carries real consequences: claim denials, recoupments, audit penalties, fraud-and-abuse exposure, and federal data-security violations.

METHODOLOGY FAILURE

The rate hasn't moved — but the obligations have

RATE FROZEN SINCE

July 1, 2020

$0.45 / hour

EVV funding was set at the time of initial implementation and has remained essentially static for six years.

The rate no longer reflects the actual, allowable cost of maintaining a compliant system.

WHAT HAS CHANGED SINCE 2020

Federal & state requirements have expanded significantly

New mandates with each Management Bulletin cycle

Technology and cybersecurity standards have risen

MFA, encryption, audit logging, endpoint security baseline

Compliance scrutiny and audit intensity have grown

More frequent reviews, deeper documentation expectations

DOCUMENTED REQUIREMENT GROWTH

HCS Management Bulletins driving EVV scope

For contracted agency providers, EVV program and compliance requirements have been significantly updated and enhanced since 2019, when EVV requirements were initially identified. Each bulletin below represents new obligations agencies must operationalize, fund, and defend.

Bulletin	Issued	Subject
H19-030	06/24/2019	Rate changes for Home Care Agency vendor rate, training class time, FCSP Respite — and new agency billing form
H21-041	05/28/2021	Home Care Agency EVV System (supersedes H20-092)
H23-084 (Amended)	05/03/2024	Home Care Agency and Consumer Directed Employer caregiver employee risk-based screening
H24-045	07/31/2024	EVV-compliant rostering and claim submission recommendations
H25-064	12/10/2025	Updated EVV systems requirements guide and ProviderOne EVV edit schedule

Each bulletin = new cost. *Five major bulletins in six years — every one adds operational and technical work the agency must absorb.*

FU NDING HISTORY

Three increments — and silence since FY 2021

The EVV portion of the home care agency vendor rate has been increased only three times in fifteen years. No increase has been issued since Washington State Fiscal Year 2021 (July 1, 2020).

FY2011

+$0.06

Cumulative: ***$0.06***

Paper time & task sheets

Funding established for the administration of paper time and task sheets.

FY2019

+$0.34

Cumulative: ***$0.40***

EVV implementation begins

Funded to implement initial EVV requirements (MB H19-030).

FY2021

+$0.05

Cumulative: ***$0.45***

Continued implementation

Funded for continuance of implementing EVV requirements.

FY 2022 — Today

+$0.00

Cumulative: ***$0.45***

Stagnant

Five fiscal years with no rate increase — while four more bulletins expanded scope.

THE PATTERN

Funding has been adjusted only when the State directed agencies to start something new. **Since FY 2021, the State has continued to add requirements without adjusting the rate — five fiscal years and four bulletins later, the rate is unchanged.**

PURCHASING POWER

Six years frozen, while local prices rose 32%

Seattle-Tacoma-Bellevue CPI-U has risen approximately 32% since June 2020 (the month before the current rate took effect). The EVV reimbursement has not been adjusted at all.

RATE FROZEN AT

$0.45

since July 1, 2020

INFLATION-ADJUSTED VALUE

$0.60

$0.45 from June 2020 in Feb 2026 dollars

PURCHASING POWER LOST

−$0.15

per hour, vs. 2020 baseline

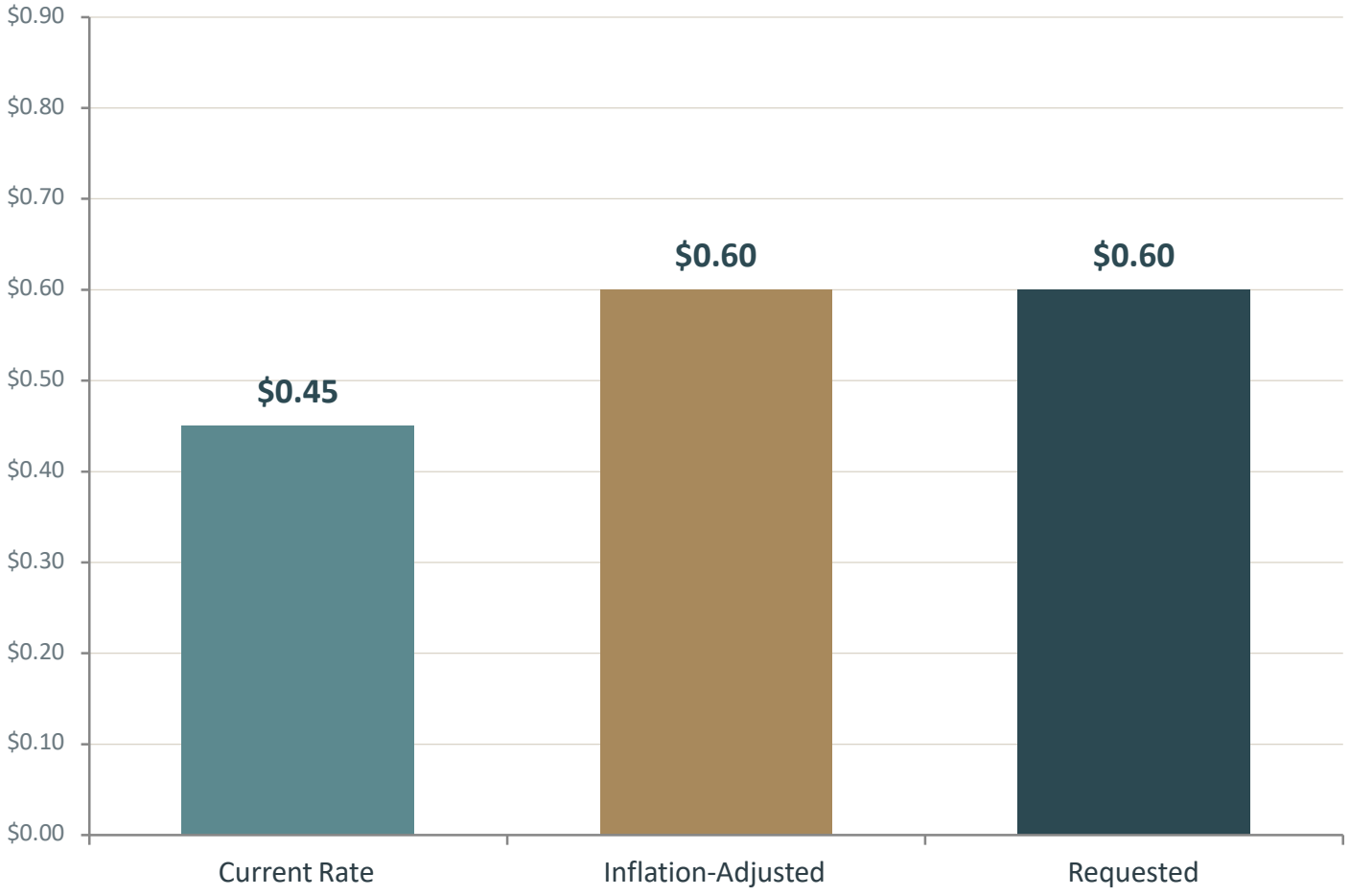
WHAT RESTORING THE RATE REQUIRES

To simply hold even with Seattle-area inflation since June 2020, the $0.45 rate would need to be $0.60 today. The requested $0.15 increase does exactly that — it restores lost purchasing power, and nothing more.

Source: U.S. Bureau of Labor Statistics, CPI-U Seattle-Tacoma-Bellevue (1982-84=100), bi-monthly series. June 2020 index = 281.055; Feb 2026 index ≈ 372.0 (chained from BLS 2- and 12-month change tables).

THE FUNDING GAP

Reimbursement has not kept up with inflation



CURRENT FUNDING GAP

$0.15

per hour of purchasing power lost

$0.15 ADJUSTMENT CLOSES

100%

of the inflation-driven gap

Restores the rate's July 2020 purchasing power.

RISK PROFILE

Underfunding EVV is a risk to the State, too

EVV is a core compliance system tied directly to Medicaid program integrity. Agencies carry the full operational and financial liability — but the State carries the program-integrity exposure.

AGENCIES BEAR FULL RESPONSIBILITY FOR

- Accuracy of every service-delivery record
- Protection of all electronically Protected Health Information (ePHI)
- Compliance with HIPAA, HITECH, federal and state EVV rules
- Financial liability for errors, omissions, and system failures

INADEQUATE FUNDING INCREASES THE RISK OF

- Billing errors, claim denials, and recoupments
- Compliance violations and federal penalties
- Data-security incidents and ePHI breaches
- System failures that disrupt service delivery to clients

These risks extend beyond agencies and directly impact the State's exposure to federal oversight and enforcement.

STATE COMPARISON

Most states don't make providers pay for EVV

In the majority of states, the Medicaid agency provides the EVV system to providers at no cost. Washington is among the minority that shifts the full cost onto agencies — which is why an adequate, dedicated rate matters here more than almost anywhere.

STATE-FUNDEDMODEL

The system is provided free to providers

- **Oregon (eXPRS) —** the State built, operates, and maintains its own EVV system; agencies and workers use it at no charge.
- **California (CalEVV) —** a state-provided EVV system available to providers at no cost.
- **Colorado, Michigan, Alaska, Florida, and more —** a state-sponsored vendor is offered free of charge.

PROVIDER-CHOICEMODEL — WASHINGTON

Providers fund it themselves

Agencies must select, fund, operate, and defend their own EVV systems.

There is no free state system — the entire cost sits with the provider.

The $0.45 add-on is the only offset, and it hasn't moved since 2020.

⚠ **California reported to KFF *(formerly Kaiser Family Foundation)* that it is losing home care providers because of EVV requirements and the high cost implementing a zero trust network infrastructure.** In the past year, 41 states reported permanent home care provider closures — losses states tie directly to inadequate reimbursement.

Source: KFF, "Payment Rates for Medicaid Home Care," 2025. Model detail: state Medicaid EVV program pages, 2026.

Medicaid Contracted Home Care Agencies must build and maintain a “Zero Trust” Network Infrastructure to ensure EVV HIPAA and HITECH compliance.

What does this infrastructure look like?

WA Medicaid Home Care Agency — HIPAA / HITECH Network & Security Architecture

Electronic Visit Verification (EVV) compliant per 21st Century Cures Act • ePHI Protected • Defense-in-Depth

HIPAA | HITECH | EVV

EVV CAPTURE (Cures Act)

- Caregiver mobile app (GPS + timestamp)
- Telephony IVR check-in / check-out
- Service type, location, client ID
- Visit start / end verification

CLOUD SERVICES (TLS 1.3 / HTTPS)

- EVV Aggregator
- EMR / EHR System
- ProviderOne (MMIS)
- Telephony & Payroll

CAREGIVERS & CLIENTS

- In-home visit (mobile EVV)
- MFA + device enrollment
- MDM / app sandboxing
- Encrypted endpoints (AES-256)

PUBLIC INTERNET ◆ All external traffic — encrypted in transit (TLS 1.3, IPsec)

CORPORATE HEADQUARTERS (Primary)

- Palo Alto NGFW (Threat Prevent)
- Meraki Core Switch
- MS Exchange Email Server
- EVV Data Store (ePHI)
- Admin Apps & SIEM
- AD / MFA & Backups

VLAN segmentation • ePHI at rest AES-256 • Logs → SIEM • Sole egress for branches

⬆ All branch internet traffic egresses through HQ

Encrypted Replication (IPsec)

OFFSITE REDUNDANT SITE (DR / Mirror — Active-Passive Failover)

- Palo Alto NGFW (HA Pair)
- Meraki Core Switch
- Exchange Mirror
- EVV Data Replica
- App / SIEM Mirror
- AD / MFA Mirror

Real-time replication • Same security stack • Auto-failover RTO < 1 hr • RPO < 15 min

⬆ Internet egress fails over here if HQ is down

9 BRANCH OFFICES

◀ 9 × IPsec VPN Tunnels — branches to HQ (primary) / DR (failover) ▶

- Branch 1 FW + Switch
- Branch 2 FW + Switch
- Branch 3 FW + Switch
- Branch 4 FW + Switch
- Branch 5 FW + Switch
- Branch 6 FW + Switch
- Branch 7 FW + Switch
- Branch 8 FW + Switch
- Branch 9 FW + Switch

Security Controls, Data Flows & Compliance Mapping

How the architecture satisfies HIPAA Security Rule, HITECH, and EVV Cures Act requirements

LAYERED SECURITY CONTROLS

Perimeter — Palo Alto NGFW

HA pair at HQ and DR. Threat Prevention, URL Filtering, WildFire sandbox, SSL decrypt. Geo-blocking, IDS/IPS, App-ID for EVV/EMR traffic only.

Network — Meraki + IPsec

VLAN segmentation isolating ePHI from guest/IoT. 9 site-to-site IPsec tunnels (AES-256/SHA-256) from branches → HQ. Branches blocked from direct Internet; all egress via HQ.

Identity & Access — Zero Trust

Azure AD + MFA for all admin staff. Role-based access to EVV / EMR / MMIS. Conditional access by device posture. Privileged access workstations for ePHI admins.

Data — Encryption + Monitoring

ePHI encrypted at rest (AES-256) and in transit (TLS 1.3). SIEM aggregates logs from FW, switches, servers, cloud. 6-year audit log retention (HIPAA §164.316).

COMPLIANCE MAPPING

Requirement	Control / Mechanism
HIPAA §164.312(a) — Access Control	Azure AD + MFA, RBAC, unique user IDs, auto-logoff
HIPAA §164.312(b) — Audit Controls	SIEM logging, 6-yr retention, tamper-evident
HIPAA §164.312(c) — Integrity	Replication w/ checksums, immutable backups
HIPAA §164.312(e) — Transmission Security	TLS 1.3 to cloud, IPsec branch tunnels
HITECH — Breach Notification	SIEM alerting, DLP on egress, IR runbook
21st Century Cures Act — EVV	GPS+time capture, 6 data elements, MMIS feed
WA HCA / ProviderOne	EVV aggregator → ProviderOne MMIS claims feed
Business Continuity	Active DR site, RTO <1hr, RPO <15min

EVV DATA FLOW — Capture to Claims (21st Century Cures Act)

1 Caregiver Visit

Mobile/IVR check-in at client home — GPS, time, service, IDs

2 Encrypted Upload

TLS 1.3 to EVV cloud aggregator — 6 required data elements

3 HQ Ingest

Validated, AES-256 encrypted, written to EVV data store

4 Mirror to DR

Real-time IPsec replication to redundant site

5 Claim Submission

EVV-matched claim to WA ProviderOne MMIS → reimbursement

Architecture protects ePHI end-to-end • Satisfies HIPAA Security Rule, HITECH, and 21st Century Cures Act EVV mandate

POLICY & ACCESS

This is an access-to-care issue — not just a provider cost

Federal Medicaid law requires payment sufficient to enlist enough providers so that care is available to beneficiaries. Underfunding a mandatory compliance system works directly against that standard.

THE FEDERAL EQUAL-ACCESS STANDARD

§ 1902(a)(30)(A)

Medicaid payments must be “sufficient to enlist enough providers” so that covered care is available to beneficiaries at least to the extent it is available to the general population.

Rates that fail to cover the State’s own mandatory requirements undercut that guarantee — and expose the State to federal oversight.

Margins drive caseload decisions

Programs like FCSP, MAC/TSOA, and potentially WA Cares authorize only 16 to 24 service hours per month. At that volume, the fixed cost of EVV compliance consumes the margin entirely — turning these into money-losing programs for Washington's home care agencies.

Closures are already happening

41 states reported permanent home care provider closures in the past year; California specifically cited EVV requirements as a cause of provider loss.

A federal transparency spotlight

Effective July 2026, the federal Access Rule requires states to publish home care payment rates — inviting direct scrutiny of whether Washington funds what it mandates.

Standard: Social Security Act § 1902(a)(30)(A). Provider data: KFF, 2025. Access Rule: 42 CFR Part 447, effective July 2026.

THE REQUEST

A measured adjustment, grounded in inflation

WE REQUEST

An increase of $0.15 per hour in EVV funding

Bringing the rate from $0.45 to $0.60 per hour, effective with the next rate cycle.

Restores Purchasing Power

Anchored in Seattle-area CPI: $0.45 set in 2020 is worth $0.60 in today's dollars

Protects Program Integrity

Properly funded EVV reduces the risk of audit findings, breaches, and federal exposure

Sustains Capacity

Keeps Medicaid-contracted agencies viable to serve Washington's home-care population

IN CLOSING

EVV is not an administrative tool.

It is a federally mandated compliance system that agencies are required to operate, manage, and defend.

THE STATE RELIES ON EVV

...to ensure Medicaid program integrity — yet agencies bear the full operational and financial burden of maintaining that system.

WHEN EVV IS UNDERFUNDED...

...the integrity of the Medicaid program itself is placed at risk.

FI SCAL NOTE

Fiscal impact of the $0.15 adjustment

The requested $0.15 per-hour increase, applied to projected statewide EVV-eligible billed hours, over the 2027–29 biennium.

Projected volume & cost	YEAR 1 FY 2028 · eff. 7/1/2027	YEAR 2 FY 2029 · eff. 7/1/2028	2027–29 BIENNIUM TOTAL
Projected billed hours	18.0M	19.5M	**37.5M**
Rate adjustment / hour	+$0.15	+$0.15	—
Total funds	**$2,700,000**	**$2,925,000**	**$5,625,000**
State share — GF-S (est.)	$1,350,000	$1,462,500	**$2,812,500**
Federal share (est.)	$1,350,000	$1,462,500	**$2,812,500**

Projected statewide EVV-eligible billed hours: 18.0M (SFY 2028), 19.5M (SFY 2029). Adjustment of $0.15/hour restores purchasing power lost since July 2020; effective July 1, 2027. State / federal shares shown at an assumed 50% FMAP — the actual federal match varies by service authority (e.g., Community First Choice).

Thank you.

Washington State Home Care Coalition

Consumer Directed Employer Rate Setting Board • June 2026

TAB 5

SEIU 775
THE CAREGIVERS UNION

To the members of the Consumer Directed Employer Rate Setting Board,

We, the undersigned members of SEIU 775, call on the Consumer Directed Employer Rate Setting Board to set a Labor Rate that allows home care workers to receive:

- Meaningful wage increases to at least keep up with inflation
- Maintained affordable health care
- More paid time off, retirement, and mileage pay

This is a critical opportunity to ensure that caregivers are supported as we provide essential services to our community.

Signed,

Heather Steiner
Christina Barbon
Renae True
Lina Reaume
Aline Smith
Carina Martinez
Vera Tsapkova
Maria Armenta
Eloph Al-Salami
Nimo Mohamed
Svetlana Sovich
Merinta West
Karen Kramer
Andrea Weymiller
Cedric Johnsomn
Claudia Ansbro
Mandolin Cruz
April Lincoln
María Reynoso
Joyce
Marissa Hamilton
Dolores Stout
Sharon Wilkins
Joyce Keefe
Curtis Gallup
Gennadiy Kondratyuk
Taylor Vandenberg
Terrill Rocca
Oliver Diamond
Faalai Sasiu
Mindy Gentry
Jessica Parker
Juana G Montoya Fernández
Sophana Chhoeung
Lisa Lv Dallman
Alexis Nelson
Maribel
Myrna L Baul
Telfina Fine
Marissa Garcia
Angie Moctezuma
Janelle Syren
Amira Aman
Jeremy Wolfe
Olena Pavlyuk
Sandra Tate
Chris Holliman
Lyudmila Tiazhkorob
Terry Banks Harris
Darvi Mack
Lynne Christiansen
Xian Zheng Gu
Robin Wilvich
Denise S Goodwin
Alan Pries
Roman Kryukov
Ruslan Kryukov
Patricia Barich
Marni Lehman
Amy Mendiola
Michael Rossi
William Noyles
Melody Clowers
Christina Grace
Teresa Odle
Maricela Hurtado
Marynca Dam
Hannah Roth
Samuel Cheun
Phil Judt
Kyung Kim
Savanna Peikert
Melanie Crawford
Shams Haidari
Maria
Aloncita Monroe
Akelia Fountain
Limheng Schwerdtfeger
Francisca Arostegui Rosas
Gracie E. Jenkins
Yen Alexander
Jamie Johnston
Patricia A Reha
Chrystal Spafford
Gina M P
Dasia White
Jesus David Jaimes Arevalo
Hailey Pfeiffer-Blundred
Margaret Sian
Lyubov Vyshnyak
Olena Baka
Keely Mccarthy
Celina Isgrigg
Cliff Lattish
William Neely
Cassandra L Taylor

SEIU 775
THE CAREGIVERS UNION

Kristie R Farley
Consuelo Valdivia
Jennifer Custer
Eileenlou Dela Pena
Michelle Hockenberry
Veronica Fedorov
Joann Fulks
Majauve Mccree
Judy Richardson
Heidi Madden
Jennifer Thompson
Debbi Livingston
Tina Irvin
Vanessa Gaytan
Hazel Joy Y. Arazas
Tarik Teklemariam
Tatiana Raytsin
Thuy Pham
Thuy Pham
Snizhana Kravchenko
Josephine Ziegler
Haqi Bawi
Connie Nelson
Roshni Singh
Yelena Lazcano
Igor Dorokhov
Viktoriya Garkavi
Delfina Barragan
Virender Singh
Aussa Cerro-Beltran
Edgerly
Tamara Kendell
Sandra Banuelos
Ji Hee Cho
Teri Mcfadden
Carol Ann White
Yury Gusakov
Angela Padron
Florencia Mata Del Valle
Janalynn L Quichocho
Susan Llufrio
Irina Fesyuk
Chirstina Padgett
Connie Phommasen
Marta Davadi

Chartia Faniel
Maryam
Vanessa Gomez
Grace Jones
Allison Price
Neela Schloss
Mariia Basova
Dan Boyer
Jenny Belgarde
Loral Ann Jorza
Alina Matsiuk
Ievgen Matsiuk
Nataliia Zhuchenia
Soman Ahmadi
Irina Mikhailenko
Randall Ottele
Leslie Tobin
Michael Carlston
Carreon De Luna Agustina
Christina Barbon
Mary Williams
Summer Kern
Kim Lucke
Amy L Carson
Banjo Paraiso
Kellie Newnom
Angela Cleary
Vu-Minh Nguyen
Esmeralda Mendoza
Robert N Butler
Shirley Spring
Vo Hoàng Le
Eudelia Solano Hdez
Leah Stegall
Natalya Skoreva
Jessica Najarro
Irma Zacapu
Holly Stubb
Juli Gallegos
Jennifer Benneck
Davinder Singh
Maria Madrid
Sukhdeep Lidhran
Yessenia Rivera Dimas
Pareia Masih

Cynthia K Mccuistion
Karen Kim
Thi Thanh Loan Tran
Yurii Matviichuk
Marilyn Stowell
Sokvireap Lhoi
Tamara Boyd
Anita Waterman
Svetlana Mikerina
James Affonce
Beth Lovitt
Scotty Pettyjohn
Brittney Stacey
Leticia Ramirez
Vinh Le
Mursal J Abdallah
Xiaoqing Pei
Kolokesa Piutau
James Tuatoo
Olena Pavliuk
William Denny
Pingfang Chen
Amani Alajem
Maria Pardo
Sughey Olivares
Paul Reese
Ben Clark
Manjit Kaur
Tricia Burks
Tyler Mcmahon
Rachel-Marie Santos
Susan Huston
Natasha A Umi
Christina Lozano
Stephanie Juarez
Dolores Astout
Tapanga Martinez
Lucia Mangarero
Kwa-Kwain Price
Anna Maria Johnston
Suzanne R Pullman
Samaneh Nourafkan
Maliha Omari
Dung Dang
Ana Liza Villanueva

SEIU 775
THE CAREGIVERS UNION

Angelique Louise Barrena
Cruz Aguirre
Derrik Tribble
Virak San
Michael Odonnell
Stacy L Snider
Polina Kogan
Elisha Hafford
Jelena Whidby
Sherell Maggitt
Beneranda Arellano
Cheryl Sparrow
Yolanda Middleton
Erin Taggart
Samantha Fowler
Raisa Vasyukhnevich
Yuriy Vasyukhnevich
Wilton Kabiru
Tiara Terry
Holly Hutchinson
Kasandra Esquivel
Michael Masevich
Julie Hewitt
Gayle Kathleen Mayfield
Ryan Macleod
Peggy Klein
Kimberly Petty
Eduardo Arquero
Tresa Ann Brown
Aisuk Yoon
Nataliya Jones
Carla Torres Perez
Rosisela Escamilla
Olga Batishcheva
Jessica Roberts
Lelh Inman
Ravneet Kaur
Anna Torres
Ana C Chavez
Yevheniia Klymiuk
Rodney Morin
Amber Medley
Joseph Phan
Shelley Bailey
Karla Galusha
Moon Rainbow
Adrienne Record
Svetlana Drozhzhina
Hoa Tran
Karazhov Georgii
Yadira Abelar Esquivel
Susan Swearingen
Lauriana Serrote
Breanna Benedict
Uliana Zaika
Matthew Sherrard
Patricia Collins
Alena Ay
Laura Gange
Kaleesta Leake
Jennifer Waters
Diania Bieber
Geoffrey Deaner
Mika Rice
Morgan Wassman
Sailas Haruo
Maria De Lourdes Martin
Jayme Martin
Maria C Ibarra - Vargas
Laura Sudduth
Amy Haueter
Gustavo Jaimes Madrigal
Luz Jaimes
Sabrina Salavea
Maggie Lowe
Daitrale Steele
Nickolas Wallington
Liliya Ilnitsky
Elizabeth Reevis
Colette Austin
Shelby Schultz
Leah Dickson
Maricela Martinez
Ma Del Carmen Teresa Rios Sanchez
Shamrae Strain
Marcella Mallory
Casey M Russell
Chantell Shannon
Nancy Velazquez
Sherry Lael
Pamma Porter
Maria Dela Luz Lopez
Louis Smith
Reginald Foster
Cierra Mincher-Salazar
Deysy Sebastián
Richard Cherry
Galyna Goi
Kelly Fox
Leslie Blanco
Samael Burton
Mercedes Kim
Eleanor Doty-Thibodeau
Son Le
Nathanael Nollan
Jerico Lenk
Olga Aloshyna
Johanna Chestnutt
Bereket Woldegiorgis
Tristan N Parker
Tanya Marie Ogochukwu
Ramirez Maria Angeles
Thierry Phetnouvong
Don Kerr
Brenda Hadley
Judy
Cherry Stephens
Erlinda Russell
Ashley Marshall
Sherri Ellis
Ina Guritanu
Anniejo Sorensen
Bertha Parra
Armida Rocha
Bekele Babo
Tameta Burcheci
Emanuel Burcheci
Teena Welch
Andrew Krieger
Terrica Lockhart
Hailie Hawkins
Julie Selzler
Stacie Dodson
Valerie Maher

SEIU 775
THE CAREGIVERS UNION

Linda Nguyen
Becca Akesson
Yuliester Hernandez
Glenda J Bates
Adriana Oropeza
Jamie J Skelton
Jennifer Dwyer
Michelle Hensey
Thu Nguyen
Tuan Trinh
Valerie Davis
Nataliia Zhuchenia
Malesha Dyann Taylor
Duyen Tran
Dann Hauzenberger
Cheaira Conner
Lucia Flores C
Iris Wang
Lucia Alcaraz Ambriz
Rachel Bartholet
Heather Noland
Kimberly Williams
Patrick Mccleery
Tiffany Mcintyre
Zhuo Qiu
Mira Bochenkova
Yaoxing Li
Kifle
Noelia Flores
Evon Garcia
Ofelia Flores
Sylvia Nichols
Abbi Pine
Shana Sablan
Martina Oziah
Weiyuan Liao
Yessica Marmolejo
Patty Evans
Lisa Good
Rebecca Reyes
Shirley Ramos
Laura Aguilar
Irene Born
Bryanna M Hansen
Randy Fries
Charlette Stafsholt
Malia Marchese
Connie Gray
Sarah Killian
Rashida Smart
Kareem Smart
Janet Knights-Smart
Kathy Keody
Monique Palomarez
Lou Lani Lewis
Don Mace
Kelly Nguyen
Bibi Kuiper Barnes
Lyubov Tripp
Koml Zahid
Nancy Johnson
Jenna Stone
Cheryl Murray
Brenda Taylor
Maria Torres
Maria Sanchez
Larrie Pretzer
Maria Del Carmen Gil
Maciel
Zewditu Mehari
Renee Cole
Linda Vervalin
Valina Pease
Cheri Denise Coleman
Kaiden Reser
Marissa Fuentes
Melissa V Krause
Araceli Delgado Sandoval
Princess Thomas
Jacqueline King
Jolene Hagans
Amber R Rosand
Sheila Hoopman
Seungdo Kim
Nichole Stone
Jhovana Cota
Fumina Nethon
Tabatha T Brock
Derrick Brown
Christen Lederle
Jennifer Rhodes
Summer Martinez
Geneva Garcia
Simach Pech
Donald Burke
Kathy Burke
Calvin Read
Kelli Diana
Michelle Stañcin
Halo Stewart
Nga Lu
Jwalant Jhala
Adriana Lopez
Chukwunonso Atueyi
Angela Uchechukwu
Nwude
Marilyn Morgan
Lela Davison
Melissa Wagner
Jujab Bokna
Tetyana Zalutska
Danielle Olson
Beverly Wahpat
Rita Montoya
Rosa Hernandez
Trhas Tesfay
Dawn Mcneal
Laurice Acrey
Kebebush Beteso
Tatiana Nikonova
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