Rate Setting Board

August 24, 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 #9

August 24, 2026
Blake Office Park East, 4500 10th Ave SE, Lacey
Rose Room
9 am – 12 pm

Agenda

Time	Topic	Presenter(s)
9:00-9:05	➢ Welcome ➢ Approval of Minutes 08.05.2026 ➢ Old Business	Chair CDE Program Team
9:05-9:20	➢ Public comment	Chair
Rate Discussion		
9:20-9:40	➢ SEIU rate proposal	SEIU
9:40-10:10	➢ CDWA rate proposal	CDWA
10:15-10:20	➢ State rate proposal	OFM
10:25-12:00	➢ Rate discussion ➢ 15-minute break when the Board chooses	All
12:00	**Adjourn**	

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

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)
David Friscia^	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 – 10:30pm	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

August 24, 2026

Meeting #9 9:00AM – 12:00PM

Blake Office Park East

4500 10th Avenue SE, Lacey, WA

Agenda Overview, 9AM-12PM

- Welcome
- SEIU Rate Proposal
- CDWA Rate Proposal
- Rate Discussion
- Adjourn

Welcome

Chair

Approval of the Minutes 08.05.2026

CDE Program Team

Old Business

Chair

Public Comment

Chair

Rate Discussion: SEIU Rate Proposal

SEIU

Rate Discussion: CDWA Rate Proposal

CDWA

Rate Discussion

All

15-minute break when the Board chooses

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

TO: Consumer-Directed Employer Rate Setting Board
FROM: Adam Glickman, Secretary-Treasurer, SEIU 775
DATE: August 10th, 2026.
RE: Rate proposal no. 2

While we appreciate the full funding to maintain affordable health care, we are deeply disappointed with the state's proposal to freeze home care worker wages for two years and reduce caregivers already inadequate purchasing power.

While we understand the significant budget pressures facing the state, the state's proposal is both inequitable and unsustainable.

- Home care workers are overwhelmingly women and disproportionately black women, women of color, and immigrant women, yet are among the lowest paid workers paid through state funding. 90% of caregivers lack enough savings to pay for an unexpected $500 expense. Balancing the budget through pushing these caregivers deeper into economic insecurity and poverty is unacceptable.

- The state's proposal is also simply penny-wise and pound-foolish and will likely lead to increased state cost. Freezing wages for two years will further erode home care workers' purchasing power, making it harder to recruit and retain the workforce needed to support Medicaid clients in their homes. The state's own data shows that even a modest increase in nursing home utilization would cost MORE than investing in home care workers' wages. If 5% of home care clients are pushed into nursing homes because they cannot find or keep a home care worker, the state would incur approximately $242 million in additional annual costs, far exceeding the cost of wage increases included in SEIU's initial proposal. In comparison, the union's revised proposal below would invest approximately $115 GF-S in caregiver wages in FY 29. In other words, it would take only a roughly 2.5% shift from home care caseloads to nursing home caseloads for state costs to surpass the cost of the proposed wage investment. Investing in competitive wages is a fiscally responsible strategy that helps stabilize and grow the caregiver workforce while avoiding far greater costs associated with institutional care.

Additional Annual Cost If a specific percentage of In-Home Clients were served in a SNF

Percentage change	Additional annual cost
25% change from In-Home to SNF	$ 1,209,879,000
50% change from In-Home to SNF	$ 2,419,757,000
75% change from In-Home to SNF	$ 3,629,636,000

Percentage change	Additional annual cost
**All estimates are theoretical and for illustrative purposes only.*	
***Uses FY2027 caseload and monthly per capita estimates from Summer 2026 Forecast*	

Source: information provided by DSHS to Rate Setting Board.

In an effort to advance the rate discussion, SEIU 775 is offering a further compromise rate proposal. In summary, this revised home care rate proposal:

- Significantly reduces the overall cost (by almost 25%), and in particular reduces cost in FY 28 (by over 30%), which we understand faces particularly challenging budgetary constraints
- Maintains affordable health care, which is critical for maintaining this workforce
- Maintains real wages in the first year and provides a very modest incremental increase in real wages in the second year.
- Implements incorporating testing into the training program statewide
- Provides modest ongoing funding for the CareBack Cash hardship fund, which is especially critical given themodest nature of the real wage increase.
- Maintains the existing 6.5% retirement contribution rate for more experienced caregivers
- Allows modest improvements in PTO and mileage

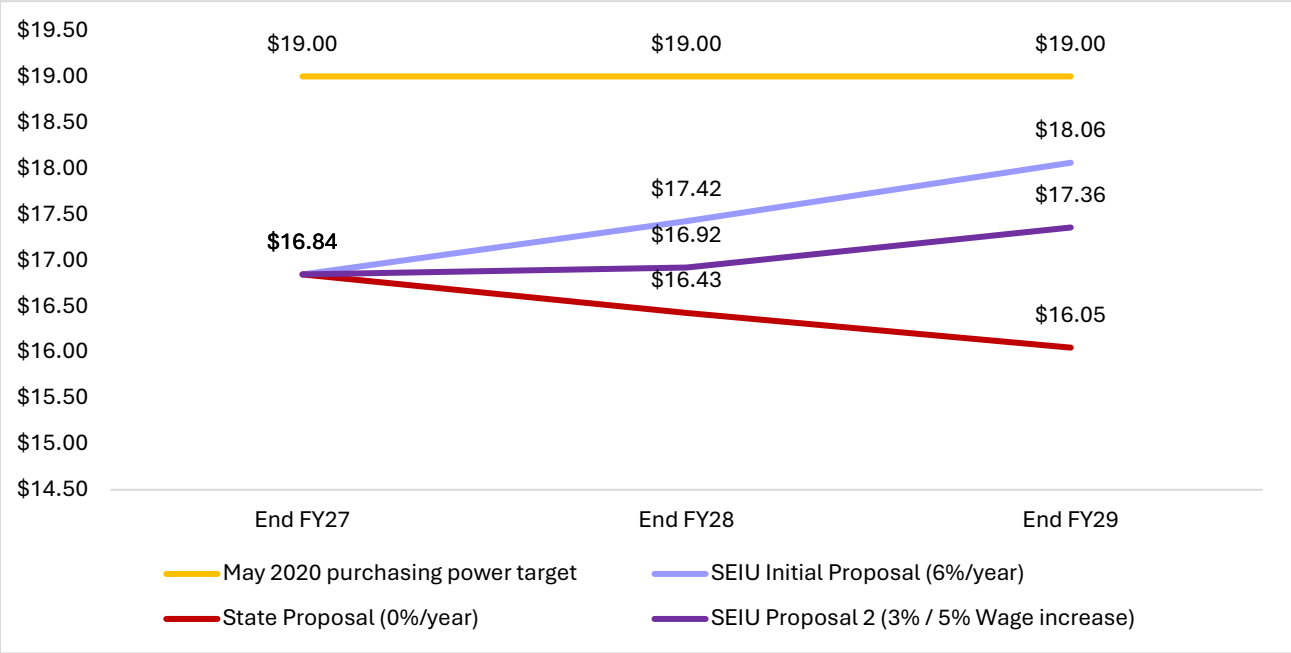
A. Wages

The original goal was to raise wages sufficiently to restore lost purchasing power since 2020 and to support caregiver recruitment and retention as demand continues to increase. While not fully restoring real wages to their 2020 high, SEIU's initial proposal would have made meaningful progress towards this goal.

SEIU's second proposal essentially maintains real wages in FY 28 with a 3% increase and provides a modest increase in real wages in FY 29 with a 5% increase. This leads to a net small real wage gain over the biennium but far from restoring losses in real income since 2020.

This chart shows the real wage impact of the various proposals made thus far, and show them all relative to caregiver purchasing power in May 2020. The starting point is the end of FY 27 projected real wage in May 2020 dollars – which as you can see is $2.16 less in purchasing power than in May 2020. The state's proposal further erodes caregivers' purchasing power while the union's revised proposal basically maintains purchasing power in FY 28 and then increases it modestly in FY 29.

Figure 1. May 2020 purchasing-power benchmark compared with modeled real wage paths



B. Health Care

We appreciate the state's proposal to continue affordable health insurance.

C. Testing

We appreciate the state's proposal to fund integrating testing into training. There may be modest adjustments to this cost as conversations about the Rural Health Transformation Fund resolve.

D. Hardship Fund

This proposal maintains the original proposal to provide ongoing funding for the CareBack Cash hardship fund. This Fund does not replace wage increases but is even more critical without significant wage increases.

E. Revised Proposal

Rate component	Description
Wages	3% increase FY 28, 5% increase in FY 29 • **Incremental cph:** $0.78 in FY 28, $1.335 in FY 29
Health care	Maintain affordable health care • **Incremental cph:** $0 in FY 28, $0.75 in FY 29
Retirement	Maintain top tier contribution at 6.5% of wages • **Incremental cph:** $0.045 in FY 28, $0.03 in FY 29

Rate component	Description
PTO	Increase accrual from 1/23 to 1/21 (approx. 1 addl day PTO for FT caregiver • **Incremental cph:** $0.108 in FY 28, $0 in FY 29
Mileage	Increase the monthly cap from 130 to 150 miles per consumer. • **Incremental PHC:** $0.066 in FY 2028, $0.003 in FY 2029
Testing	Implement testing reforms • **Incremental PHC:** $0.035 in FY 2028, -$0.015 in FY 2029
Careback Cash	Maintain an ongoing caregiver hardship benefit • **Incremental PHC:** $0.03 in FY 2028, $0 in FY 2029

E.1 Proposal comparison

Rate component	SEIU initial proposal	State proposal	SEIU Proposal 2
Health care	Maintains affordable health care	Maintains affordable health care	Maintains affordable health care
Wages	**6% / 6%** Meaningfully increases real wages though not to 2020 high point	**0% / 0%** Reduces real wages in FY 28 and FY 29. Average home care worker will lose $1.17 per hour[1] ($1.12 for new caregivers) in purchasing power they had at the end of the current contract, and $79 cents for the starting real wage, relative to the one they had at the high point in May 2020.	**3% / 5%** Maintains real wages in FY 28 and modest increase in FY 29
Other	• Incorporates testing into training • Sustains hardship fund • Increases mileage cap • 2 additional days PTO	• Incorporates testing into training • No improvements in mileage, PTO, or retirement benefits • No hardship fund	• Incorporates testing into training • Sustains hardship fund • Increases mileage cap • 1 additional day PTO • Maintains retirement

[1] Using the average wage for IPs at the end of FY27 ($24.82), and Washington State Economic and Revenue Forecast Council's projected inflation (June 2026).

Rate component	SEIU initial proposal	State proposal	SEIU Proposal 2
	• Incremental increase in retirement contribution for experienced workers to 7.5 % of wages		contribution at 6.5% of wages for experienced workers.

E.2 SEIU Proposal 2 Cost

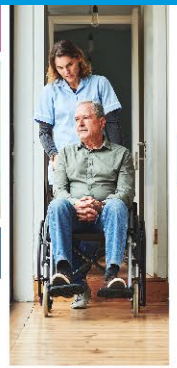
	FY 28	FY 29
Labor rate	$38.44	$40.68
Proposed Healthcare rate	$5.57	$6.32
Training and testing rate	$0.550	$0.535
GF-S cost	$55,190,000	$168,708,000
Total GF-S cost	$223,898,000	

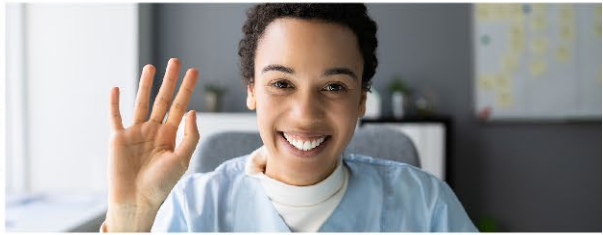
Cost by proposal

	SEIU #1*	State	SEIU #2
Labor Rate	$38.97 / $41.54	$37.39 / $38.13	$38.44 / $40.68
Health care rate	$5.57 / $6.32	$5.57 / $6.32	$5.57 / $6.32
FY 28 GFS	$80,767,000	$4,654,000	$55,190,000
FY 29 GFS	$212,999,000	$41,541,000	$168,708,000
Total GFS	$293,766,000	$46,195,000	$223,898,000

** Note the cost on SEIU Proposal #1 was adjusted based on adjustments to the methodology and new data provided by DSHS.*

TAB 5





Update to Rate Setting Board

August 20, 2026

Introductions

Mr. Ben Bledsoe
President
Chief Executive Officer

Mr. Bradley Rightnowar
Senior Director
Government and Legal Affairs

The Core Challenge

CDWA's rates were locked in before the state raised the cost of doing business

1.75% → 2.1%

B&O tax rate increase to 2.1% effective October 1, 2025

$20.8M

Unfunded cost gap created for the 25-27 biennium

~ 120 jobs

~35% of CDWA's state workforce at risk without a fix

- The Rate Setting Board finalized CDWA's Medicaid reimbursement rates for the 2025-27 biennium **before** the state increased the B&O tax rate from 1.75% to 2.1%, effective October 2025, leaving CDWA with costs that were never accounted for in its funding.
- Because it relies entirely on state-set Medicaid reimbursement rates, **CDWA** has no mechanism to recover these costs.
- Although the Legislature provided partial relief in 2026, the state still has not fully funded the costs it imposed on CDWA, creating an FY27 funding shortfall of between $12.7M to $8.8M. This shortfall threatens jobs, workforce capacity, and operational stability.

CDE is Entitled to Full B&O Tax Recovery

Washington Law is Clear – The CDE is to be made whole on all B&O Taxes

The Legislature expressly included B&O tax compensation in the CDE administrative rate.

- The statutory definition of the administrative rate specifically includes compensation for B&O taxes imposed on both the labor rate and the administrative rate. (RCW 74.39A.530(6))

The CDE is the legal employer and bears direct B&O tax liability.

- Because the CDE is the statutory employer of individual providers, it receives the taxable revenue and is legally responsible for the associated B&O taxes. (RCW 74.39A.530(1); WAC 458-20-111)

The statute contemplates recovery of actual tax costs, not partial reimbursement.

- By expressly identifying B&O taxes as a reimbursable cost component, the Legislature demonstrated its intent that CDE rates cover the full tax burden associated with program operations. (RCW 74.39A.530(6))

The Department has express authority to adjust rates when tax obligations change.

- The authorization to revise labor and administrative rates to reflect changes in tax costs confirms that the CDE should remain whole as tax liabilities increase or decrease over time. (RCW 74.39A.530(6))

Denying recovery of any portion of B&O taxes would undermine the statutory rate-setting framework.

- Excluding taxes from reimbursement would shift costs that the Legislature expressly directed be recognized through CDE rates. (RCW 74.39A.530(6))

Federal Match Makes B&O Tax Compensation a Net Benefit

Fulfilling the intent of the CDE statutory framework

- Given that 50% of state expenditures on Medicaid programs are “matched” by the federal government, for every dollar in B&O tax expense paid to Consumer Direct (which Consumer Direct pays to the State), the State is to receive $0.50 from the federal government.

- Stated differently: by appropriately funding and paying Consumer Direct what it is owed by statute and under the Contract, the State avoids having to reimburse Consumer Direct for every B&O tax dollar.

- For example, the State receives $10 in B&O taxes from Consumer Direct but reimburses that expense to Consumer Direct with $5 in State funds and $5 in federal funds. The State, in this example, receives $10 in value for only $5.

FY27 Funding Status: The Gap That Remains

The 2026 session secured real progress – closing the rest is now an RSB decision

2026 SESSION – FUNDING SECURED

$12M

Secured in the 2026 session ($6M state + $6M federal match)

$8.1M

DSHS-allowed for FY26 (B&O increase effective Oct 2025)

$3.9M

Amount Remaining from $12M appropriation from the 2026 Session

FY27 – WHAT'S LEFT TO CLOSE

$20.8M

Projected need to make CDWA whole in FY26 and FY27

$8.1M

DSHS-allowed for FY26 (B&O increase effective Oct2025)

$12.7M

Or $8.8M remaining to be approved if $3.9M remaining from FY26 supplemental appropriation is rolled forward

The Impact of an $12.7M Funding Gap

Denying B&O reimbursement limits the ability for CDWA to maintain current staffing levels impacting administrative support to those that need it most.

Contractual performance standards

- Reduced staffing jeopardizes IP hiring timelines and recruiting targets.
- Customer satisfaction will decline due to longer wait times, delayed responses, and reduced access to support.
- Increased complaint volumes threaten compliance with response & resolution requirements.

Systemwide Impacts

- Greater workload for cares managers, state partners, and union representatives due to increased complaints and escalations.
- More union grievances driven by:
  - Service delays
  - Reduced accessibility
  - Slower issue resolution

The Impact of an $12.7M Funding Gap(Continued)

Denying B&O reimbursement limits the ability for CDWA to maintain current staffing levels impacting administrative support to those that need it most.

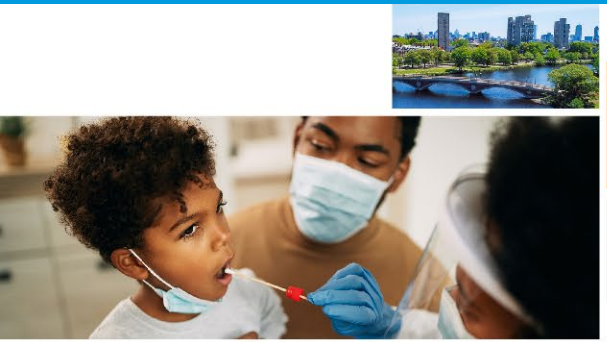
- A significant reduction in customer service staffing
  - *Dramatically limits Client and Provider access to support through all channels*
  - *Phone, Email, Text, In-Person, Community Service*
  - *Experienced staff & institutional knowledge lost today, cannot be quickly and easily replaced tomorrow.*
- Increase in average call wait times
  - *Delaying Client & Individual Providers access to timely support*
- Call abandonment rates increase significantly
  - *Customers abandon calls before receiving assistance*
- Email response times extended
  - *Delaying issue resolution and critical support*
- Elimination and Reductions of of Key Service Channels
  - *Elimination of Incoming text (SMS) support*
  - *Proactive outreach and support*
  - *In-person service capacity*
  - *Virtual appointments and community support events*
- Increase in complaints, escalations, and repeat contacts

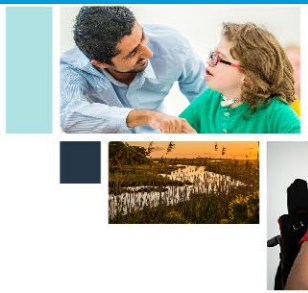
The Key Asks Going Forward

Close the FY27 gap now, and prevent it from recurring

1. **Approve RSB recommendations to fund B&O coverage prospectively**
2. **Close the $12.7M remaining FY27 gap**

   The RSB allocates the $3.9M FY26 carryover plus additional funding of $8.8M— eligible for federal match — so CDWA is fully made whole for FY27.





Thank you

CONSUMER DIRECT CARE NETWORK

DORSEY
DORSEY+WHITNEY LLP

ALEX P. HONTOS
Partner
(612) 492-6634
hontos.alex@dorsey.com

August 20, 2026

VIA ELECTRONIC MAIL

Consumer Directed Employer Rate Setting Board
Washington State Department of Social and Health Services
Blake Office Park East
4500 10th Ave SE
Lacey, WA 98503
CDERateSettingBoard@dshs.wa.gov

Re: Administrative Rate – Legal Framework for Consumer Direct Care Network Washington LLC Entitlement to B&O Tax Reimbursement

Members of the Consumer Directed Employer Rate Setting Board:

This firm represents Consumer Direct Care Network Washington, LLC ("Consumer Direct") and writes to assist the Consumer Directed Employer Rate Setting Board (the "Board") in its establishment of the appropriate administrative rate for operation of the Consumer Directed Employer Program (the "Program"). In particular, we write to ensure the Board's compliance with requirement that the administrative rate compensate Consumer Direct for the business and occupation ("B&O") taxes paid by Consumer Direct to the State of Washington in connection with Consumer Direct's Department of Social and Health Services ("DSHS") contract No. 1936-75834 (the "Contract"). The Board should fully reimburse Consumer Direct for increases in state-directed B&O expenses—for incurred and future current fiscal year unreimbursed B&O increased expenses in the amount of $12.7M.

By statute and by the Contract, DSHS must compensate Consumer Direct for B&O tax expense, which Consumer Direct recovers through an hourly administrative rate. In 2024, the Board proposed rates for FY 2026 and 2027. Then in 2025 the Legislature reformed the B&O tax regime, increasing the tax rates effective FY 2026. This created a multi-million-dollar underpayment to Consumer Direct—between the proposed administrative rate's contemplated B&O tax expense on the one hand, and Consumer Direct's actual expected and incurred B&O tax expense on the other hand. The Legislature allocated an additional $12 million in funding to DSHS to cover the increased administrative rate component for FY 2026. The state has paid $8.1M of those funds. There is not currently an appropriation covering FY 2027, which will create an unfunded

obligation to Consumer Direct of approximately $12.7 million. The Board must address this obligation through Consumer Direct's proposed increased administrative rates in FY 2028 and, if necessary to cover the shortfall, FY 2029.

As the Program is funded through Medicaid and eligible for federal match funding, federal dollars pay for 50% of Program expenses. As a result, the State receives $0.50 on the dollar for B&O tax expense compensation to Consumer Direct. This creates a surplus for the State because Consumer Direct does not retain the B&O tax expense, it pays it to the State. In sum, compensating Consumer Direct as required by law and the Contract is a net positive for State funds.

I. DSHS Is Obliged to Reimburse B&O Expense by Contract, Statute, and Prior Board Practice

DSHS and Consumer Direct entered into the Contract in 2019. DSHS pays Consumer Direct for the Program services through two hourly rates, a labor rate and administrative rate. By statute, the administrative rate is intended to cover Consumer Direct's administrative costs associated with performance, including "compensation for business and occupation taxes." RCW 74.39A.530(13)(b). The Contract similarly provides that while Consumer Direct remits B&O taxes to the Department of Revenue, that DSHS will compensate Consumer Direct for B&O tax expense (among other things) as part of the administrative rate. *See* Contract Excerpts at Section 3.6.1, Exhibit A, Section 3.1.1-.2.

The contractual administrative rate initially included $0.42 for reimbursement of B&O taxes. By contract amendment and action of the Board, this amount has increased over time—just as it was designed to do in the event of Legislative action to increase the B&O tax. In 2020, the Legislature increased the B&O tax rate from 1.5% to 1.75%. Recognizing this increase was compensable to Consumer Direct, DSHS worked with Consumer Direct on a new, higher administrative rate component to account for the B&O tax increase. In the third amendment to the Contract, DSHS agreed to increase the administrative rate component for B&O tax expense from $0.42 to $0.49. In the fifth amendment to the Contract, DSHS again agreed to increase the B&O tax component from $0.49 to $0.53. The Board should not depart from this precedent; the Board is obliged to increase the administrative rate to compensate Consumer Direct for B&O tax increases.

Under RCW 74.39A.530, the Board is empowered to evaluate and propose labor and administrative rates for the Program. Beginning in 2022 and continuing every even-numbered year thereafter, the Board has considered labor and administrative rates for the following two fiscal years and passed a proposed set of labor and administrative rates. *See* RCW 74.39A.530(4)-(6). The Board has then submitted the proposed rates to the

Governor for inclusion in the Governor's proposed budget for the forthcoming legislative session. *See* RCW 74.39A.530(7). This process is underway now, with the Board proposing rates for fiscal years 2028 and 2029.

In 2025, the Legislature changed the B&O tax regime for fiscal year 2026 and forward, raising the B&O tax rate from 1.75% to 2.1% and adding a surcharge for businesses above certain revenue thresholds. As a result, the B&O tax expense borne by Consumer Direct has significantly increased on account of Legislative action. The Legislature did not, however, implement a corresponding increase in funding for the Program. The projected shortfall from October 1, 2025, through June 30, 2027, is approximately $20.8 million.

During the 2026 Spring legislative session, the Legislature appropriated $12 million in special session to cover approximately 50% of this shortfall. Of that amount, $8.1 million has been paid to Consumer Direct in arrears to be made whole for the change in Washington's tax structure. If the remainder of that appropriation is not available for paying the increased administrative rate in FY 2027, the result will be an unfunded obligation of $12.7 million to Consumer Direct. The Board should address this obligation as it considers and sets rates for FY 2028 and FY 2029.

II. Federal Matching Funds—Federal Medical Assistance Percentage

The State's obligation to compensate Consumer Direct has a net positive effect on State funds. The Program, however, is funded with Medicaid dollars, which the federal government partially funds and, regarding Consumer Direct's B&O taxes, creates a net positive for state funds.

The federal government pays a share of each state's Medicaid expenditures. The federal government's share is called the Federal Medical Assistance Percentage (FMAP). *See* 42 USC 1396d(b); 42 CFR 433.10(b). FMAP rates have a statutory minimum of 50% and a statutory maximum of 83%. The Federal Register publishes the FMAP for each state annually (see here for the rate effective until 9/30/2026). The FMAP rate for the State of Washington is 50%, which will continue through at least 9/30/2027.

Given that 50% of state expenditures on Medicaid programs are "matched" by the federal government, for every dollar in B&O tax expense paid to Consumer Direct (which Consumer Direct pays to the State), the State is to receive $0.50 from the federal government. In other words, by appropriately funding and paying Consumer Direct what it is owed by statute and under the Contract, the State avoids having to reimburse Consumer Direct for every B&O tax dollar. For example, the State receives $10 in B&O taxes from

Consumer Direct but reimburses that expense to Consumer Direct with $5 in State funds and $5 in federal funds. The State, in this example, receives $10 in value for only $5.

III. Underfunding May Create a Legal and Contractual Mess—and Is Inconsistent with the Parties' Intent

The Board should compensate Consumer Direct as required under statute and the Contract. Failure to do so will leave a shortfall that was not the parties' intent at the time of contracting and will have a material impact on Consumer Direct's performance of this important Contract. Should the Board depart from its statutory and contractual obligations, the Board will invite new risks and create an unnecessary and difficult problem for which there are no quick fixes. Consumer Direct does not desire to pursue the dispute resolution process under the Contract (or litigation), and presumably DSHS and the Board do not either. The Board should resolve this instance of B&O tax reimbursement like it has past instances: by increasing the administrative rate to account for these legislative changes.

IV. Conclusion

For these reasons, the Board should consider an administrative rate for FY 2028 that accounts for the increased but unpaid B&O tax expenses borne by Consumer Direct in FY 2027.

Cordially yours,

DORSEY & WHITNEY LLP

Alex P. Hontos
Partner

Enclosures

- Excerpts of Contract No. 1936-75834

cc: Consumer Direct

Enclosure – Contract Excerpts

CONSUMER DIRECTED EMPLOYER CONTRACT

BETWEEN

THE DEPARTMENT OF SOCIAL AND HEALTH SERVICES

AND

CONSUMER DIRECT CARE WASHINGTON, LLC

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accordance with RCW 74.39A.530 and as provided in Exhibit A. The Administrative Rate shall be fair and sufficient to compensate for reasonable and necessary costs incurred by Contractor on this project, and to generate a reasonable rate of return for the Contractor providing Services.

3.2 Submissions of Claims. Contractor shall submit claims to HCA for Charges for Services following putting the Services into Operational Use. Contractor shall submit such claims via the State Medicaid Management Information System also known as ProviderOne in the format provided by DSHS in Exhibit H Appendix G. Incorrect or incomplete claims forms will be rejected.

3.3 Payments. Except as otherwise provided in this Contract, HCA, DSHS and/or other State agency designated by DSHS shall pay Contractor the Charges for the Services and Deliverables including pursuant to Change Orders, if applicable, as described in Exhibit A within 30 days of receipt of a correct claims form issued in accordance with the Contract. However, the obligation to make such payments shall be subject to HCA and DSHS's receipt of correct claims, to performance by Contractor of its obligations, and to DSHS's exercise of its rights and remedies. HCA and/or other State agency designated by DSHS shall operate as DSHS's agent(s) for purposes of receiving, processing, and paying claims submitted by Contractor for its Charges. DSHS shall not pay Contractor for Deliverables prior to Cutover.

3.4 Maximum Amount and No Increases. The Maximum Amount payable under the terms of this Contract shall be as set forth in Exhibit A. Contractor shall not increase the Maximum Amount or Charges, except pursuant to a written amendment to the Contract between the parties or a Change Order in accordance with the procedures in the Contract.

3.5 Transportation and Insurance Charges. Contractor shall pay the costs associated with transportation, delivery and insurance, if any, for each Deliverable.

3.6 Taxes.

3.6.1 Contractor must pay all applicable taxes including, but not limited to, sales and use taxes, the Washington Business and Occupation Tax, taxes based on Contractor's income, gross receipts or revenue, or personal property taxes levied or assessed on Contractor's, a Contractor Affiliate's, or a Subcontractor's personal property to which DSHS does not hold title. Contractor shall complete registration with the Washington State Department of Revenue and be responsible for payment of all taxes due on payments made under this Contract.

3.6.2 Contractor shall complete registration with the Washington State Department of Revenue and be responsible for payment of all taxes due on payments made under this Contract in accordance with the requirements of Title 82 RCW and Title 458 WAC. Out-of-state Contractors must contact the Department of Revenue to determine whether they meet criteria to register and establish an account with the Department of Revenue. Refer to WAC 458-20-101 (Tax registration and tax reporting) and call the Department of Revenue at 800-647-7706 for additional information. When out-of-state Contractors are not required to collect and remit

EXHIBIT A.
CHARGES, PAYMENTS, KEY PERSONNEL, AND DELIVERABLES

1. Charges. Contractor shall charge DSHS the Charges as indicated in the tables in Section 3 of this Exhibit A.

2. Deliverables

Deliverables	**Description**
Policies and Procedures for Interaction with Providers, Consumers, and Case Managers	Policies and Procedures documents for use by Contractor Internal Employees that reflect Policy and Procedure expectations inclusive of the Requirements
System Test Results	A summary and detailed list of tests run on the System to determine if it is working correctly and according to the Requirements
Data Conversion Results	A summary and detailed explanation of data conversion activities used to populate the System with needed data to begin Operations
Readiness Plans	A planning document that describes Contractor's plan for preparing Internal Employees, IPs, and all other required parties for the move to Operations.
Implementation Checklists Cutover Coordination Plan	A list plan inclusive of activities that Contractor, DSHS, and other entities will complete prior to facilitated the transition to the beginning of Operations related to the cut over from the legacy system(s) to the Contractor System(s)
Cutover and Acceptance of all prior Deliverables	The successful transition to Operations without a need for back-out to the legacy system

3. Services Charges

3.1 Administrative Rate during Operations

3.1.1 On the Effective Date, the Administrative Rate per Individual Provider service hour shall be $1.91. This amount is inclusive of $1.29 for Contractor provision of Services, $0.07 for expenses arising from bad debt, $0.13 for payment of costs described in 3.1.3 below, and $0.42 for reimbursement of business and occupation tax charged by the Washington State Department of Revenue. The Administrative Rate will be subject to change by the Rate Setting Board, subject to terms of RCW 74.39A and the table below.

3.1.2 On the Effective Date, the total number of Individual Provider hours projected for year 1 of the Contract term is 26,773,615. The Administrative Rate per Individual Provider hour starting on the first Business Day of Operational Use shall be adjusted based on the increase or decrease in the number of Individual Provider hours from the prior calendar quarter in accordance with the following table:

Percentage Increase/(Decrease) in IP Hours Over Then-Current Number of Hours in a Fiscal Year	Administrative Rate paid per IP service hour
(20% or more)	$2.23
(15% - 19.99%)	$2.14
(10% - 14.99%)	$2.06
(5% - 9.99%)	$1.98
(0 - 4.99%)	$1.91
0 - 4.99%	$1.91
5% - 9.99%	$1.85
10% - 14.99%	$1.80
15% - 19.99%	$1.75
20% or more	$1.71

3.1.3 For the first 84,312,593 hours paid for the Administrative Rate per Individual Provider service hour, Contractor shall be paid an additional $0.13 per hour. This rate will last for approximately three years of Operational Use but in no event shall be paid for more than 84,312,593 hours of IP service.

3.1.4 Contractor shall be paid $.03 per hour for Training and this amount shall be added to the Labor Rate.

3.2 Labor Rate during Operations*

Item	First Business Day of Operational Use until June 30, 2021	July 1, 2021 – December 31, 2021	January 1, 2022 – June 30, 2022	July 1, 2022 – December 31, 2022	January 1, 2023 – June 30, 2023	Each Year Thereafter
Labor Rate per Service Hour	Update upon final rate establishment via contract amendment	To be determined by the rate setting board as defined in RCW 74.39A.530	To be determined by the rate setting board as defined in RCW 74.39A.530	To be determined by the rate setting board as defined in RCW 74.39A.530	To be determined by the rate setting board as defined in RCW 74.39A.530	To be determined by the rate setting board as defined in RCW 74.39A.530

* Following the Effective Date, the parties shall negotiate in good faith to agree upon the Labor Rate for the period from the First Business Day of Operational Use until July 31, 2021 and shall

TAB 6

State Rate Proposal
RSB August 24, 2026

The State recognizes that bargaining between SEIU 775 and CD-WA may result in a different utilization of investments

WASHINGTON STATE
OFM
Office of Financial Management

State Rate Proposal Context

The State's rate proposal is informed by the State of the State Budget presented to RSB on July 13th, 2026, including the impacts of the economic and revenue forecast and caseload forecasts in the June 2026 cycle.

Proposal Comparison - costs

Proposed CDE Rates Estimated Costs include Agency Parity				
	Industry Proposals (July 15, 2026)	State Proposal (August 5, 2026)	Industry Proposals (August 10, 2026)	State Proposal (August 24, 2026)
FY2028 Labor (Health)	$39.17 ($5.57)	$37.39 ($5.57)	$38.44 ($5.57)	$37.42 ($5.57)
FY2028 Admin	$2.66	$2.49	$2.66	$2.49
FY2029 Labor (Health)	$41.74 ($6.32)	38.13 ($6.32)	$40.68 ($6.32)	$38.15 ($6.32)
FY2029 Admin	$2.72	$2.51	$2.72	$2.51
2027-29 GFS	$366,848,000	$59,669,000	$254,572,000	$61,468,000
4-year GFS	$909,275,000	$164,719,000	$659,641,000	$167,682,000
Industry proposals include admin rate proposals by CDWA+HCC				

Proposal Comparison - components

Labor Component	Industry 1	State 1	Industry 2	State 2
Wages	6% + 6%	0% + 0%	3% + 5%	0% + 0%
Health Care	Maintain	Maintain	Maintain	Maintain
Retirement	Increase to 7.5%	Maintain at 6.5%	Maintain at 6.5%	Maintain at 6.5%
PTO	+2 days	No increase	+1 day	No increase
Mileage	+20 miles	No increase	+20 miles	No increase
Testing	Funds reforms	Funds reforms	Funds reforms	Funds reforms
Emergency Funds	Funds on-going	No funding	Funds on-going	Funds on-going

State Proposal – Labor Rate

- **Maintains existing health benefit.** Funds an adjustment of $0.75 in FY 2029.
- **Funds embedded testing in training.** ($0.035 Yr1, $0.02 Yr2)
- **Updates to most recent IRS mileage rate.**
- **Moves PPE funding from Labor to Admin component** beginning in FY 2028, per SB 6019 ($0.13 per year)**.**
- **Funds CareBack Cash ongoing.**
- **Funds home care agency parity** per RCW 74.39A.310.

State Proposed CDE Labor Rate August 24, 2026		
	Labor	Health
FY 2027	$37.42	$5.57
FY 2028	$37.42	$5.57
FY 2029	$38.15	$6.32

State Proposal – Admin Rate

- **Funds changes to B&O at 2.1% prospectively.** Funding is also tied to labor rate adjustments
- **Moves PPE from Labor to Admin component** beginning in FY 2028, per SB 6019 ($0.13 per year)**.**
- **Home care agency admin funds changes to B&O at 2.1% on incremental parity change.** Calculation is still under review.

State Proposed CDE Admin Rate August 24, 2026	
	CDE
FY 2027	$2.22
FY 2028	$2.49
FY 2029	$2.51

TAB 7

WASHINGTON STATE HOME CARE COALITION

Representing Washington's Medicaid-Contracted Home Care Agencies

August 21, 2026

VIA ELECTRONIC MAIL

Consumer Directed Employer Rate Setting Board
Washington State Department of Social and Health Services
Blake Office Park East
4500 10th Ave SE
Lacey, WA 98503
CDERateSettingBoard@dshs.wa.gov

Re: Home Care Coalition Counter Proposal — Business and Occupation Tax, Workers' Compensation, and Agency Administrative Rate Recognition in Home Care Agency Vendor Rates (FY 2028–2029 Rates and the October 1, 2025 – June 30, 2027 Back Period)

Members of the Consumer Directed Employer Rate Setting Board:

The Washington State Home Care Coalition (the "Coalition") represents the licensed, Medicaid-contracted home care agencies that deliver in-home personal care to Medicaid clients across Washington State alongside the Consumer Directed Employer ("CDE") program. We write in response to the State's rate proposal presented to the Board on August 5, 2026, and in advance of the Board's August 24, 2026 rate discussion. The Coalition appreciates the Board's diligence this cycle and the elements of the State's proposal that fund home care agency parity under RCW 74.39A.310 and the updated IRS mileage rate. We respectfully submit, however, that the August 5 proposal leaves two statutorily grounded cost categories substantially unaddressed for Medicaid-contracted home care agencies: the business and occupation ("B&O") tax increase imposed on agencies and the workers' compensation cost increases agencies have experienced – we believe that as statutory requirements that these are not truly RSB decision packages, but since they were addressed in the State proposal, we have chosen to include them in this request. In addition, the erosion of the Agency Administrative Rate relative to inflation and rising costs of doing business is an issue we request you reconsider. This counter proposal addresses all three, consistent with the cost evidence the Coalition presented to the Board on July 15, 2026, and asks that the Board's recommendation to the Governor recognize each of them.

PART ONE — BUSINESS AND OCCUPATION TAX RECOGNITION

I. Background: The State Increased the B&O Tax on Medicaid Home Care and Has Not Funded It for Agencies

In 2025, the Legislature raised the B&O tax rate applicable to home care services from 1.75% to 2.1%, effective October 1, 2025, and added a surcharge for businesses above certain revenue thresholds. That change applies to the gross Medicaid revenue of every Medicaid-contracted home care agency in Washington. Unlike businesses serving private-pay customers, Medicaid-contracted agencies cannot pass a tax increase through to their customers: agency vendor rates are set exclusively by the State. Every additional dollar of B&O tax is therefore a dollar withdrawn from direct care operations — supervision, scheduling, training, recruitment, and retention — unless the cost is recognized in the vendor rate.

The Legislature acknowledged this dynamic in ESSB 6019 (Chapter 85, Laws of 2026), which amended RCW 74.39A.310 and expressly authorized recognition of B&O taxes in home care agency vendor rates. RCW 74.39A.310(9). The Coalition quantified the resulting cost for the Board on July 15, 2026: a $0.12 per hour back-period adjustment covering October 1, 2025 through June 30, 2027, and a $0.16 per hour incremental adjustment for the 2027–29 biennium — $0.28 per hour combined. The Board received that presentation and its supporting documentation, and no party has rebutted the underlying cost evidence.

II. The August 5 State Proposal Leaves Agency B&O Substantially Unfunded

The State's August 5 proposal funds B&O for the CDE "at 2.1% prospectively." For home care agencies, however, the proposal funds B&O at 2.1% only "on incremental parity change," and states that this "does not result in rate change." In practical terms, the State proposes to recognize the increased tax only on the narrow slice of new agency revenue generated by future parity adjustments, while the 0.35 percentage-point rate increase (plus any applicable surcharge) continues to apply — unrecognized and unfunded — to agencies' entire existing Medicaid revenue base. The proposal also provides no back-period relief for the increased tax agencies have already paid, and will continue to pay, from October 1, 2025 through June 30, 2027.

The result is an asymmetry the Coalition asks the Board to correct: the same tax increase, enacted by the same Legislature, applied to the same Medicaid program, would be funded for one provider type and left unfunded for the other.

III. Consistent Treatment: The CDE Has Received B&O Relief; Agencies Have Not

The Board has before it correspondence and a counterproposal from Consumer Direct Care Network Washington documenting the CDE's B&O shortfall, the Legislature's $12 million special-session appropriation toward that shortfall, the $8.1 million already paid, and the remaining FY 2027 gap. The Coalition does not dispute the CDE's position. On the contrary, we agree with its central premise: a State-imposed B&O tax on Medicaid revenue is a State-directed cost that should be recognized in State-set Medicaid rates. Our point is that identical logic applies to home care agencies, as summarized below.

	Consumer Directed Employer	Medicaid-Contracted Home Care Agencies
B&O tax liability on Medicaid revenue	Yes — remitted to the Department of Revenue	Yes — remitted to the Department of Revenue
Ability to recover a State-imposed cost increase	None — rates set exclusively by the State	None — vendor rates set exclusively by the State
Statutory authority to recognize B&O in rates	RCW 74.39A.530(13)(b)	RCW 74.39A.310(9), as amended by ESSB 6019 (Ch. 85, Laws of 2026)
Back-period relief to date (Oct. 1, 2025 forward)	$12M appropriated (2026 special session); $8.1M paid	None
Treatment in the August 5 State Proposal	B&O funded at 2.1% prospectively	B&O funded at 2.1% only on the incremental parity change; "does not result in rate change"

Home care agencies are legally responsible for B&O taxes on their Medicaid revenue and remit those taxes to the Department of Revenue, exactly as the CDE does. Agencies rely entirely on State-set rates and have no mechanism to recover a State-imposed cost increase, exactly as the CDE does. And the Legislature has expressly provided statutory authority to recognize B&O taxes in agency vendor rates, RCW 74.39A.310(9), just as it has for the CDE administrative rate, RCW 74.39A.530(13)(b). Yet to date, agencies have received no back-period relief comparable to the CDE's $12 million appropriation, and the August 5 proposal offers no meaningful prospective recognition. Whatever the Board recommends on the CDE side of this question, the Coalition asks that the same principle be applied on the agency side.

IV. Federal Match Makes Full Recognition a Net Benefit to the State

Because agency-delivered personal care is a Medicaid service, agency vendor rates draw federal match at Washington's Federal Medical Assistance Percentage of 50%. For every dollar of B&O tax expense recognized in agency rates, the State funds approximately fifty cents from the General Fund and receives fifty cents from the federal government — while the full tax dollar is remitted back to the State by the agency. Recognizing agencies' B&O expense is therefore substantially self-funding: the State collects one hundred cents of tax for roughly fifty cents of net State expenditure. Declining to fund the recognition does not save the State this money; it simply forfeits the federal match and shifts a State tax onto the Medicaid safety-net infrastructure least able to absorb it.

PART TWO — WORKERS' COMPENSATION (L&I) FUNDING RECOGNITION

I. Background: The Same Enactment That Requires B&O Recognition Also Requires Workers' Compensation Recognition

The Workers' Compensation request rests on the same statutory footing as the B&O request in Part One. Ch. 85, Laws of 2026 (ESSB 6019) amended RCW 74.39A.310 in two respects at once: subsection (9), addressed in Part One, recognizes B&O tax as a cost the Administrative Rate supports; subsection (3)(b), addressed here, requires that when the Department sets the per-quarter-hour vendor rate, it 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 workers' compensation, FICA, FUTA, SUTA, and the State Paid Family and Medical Leave Act.

As with B&O, this is not a discretionary enhancement the Coalition is asking the Board to consider — it is a statutory duty the Legislature imposed on the Department in the same enactment that created the B&O duty. The word the statute uses is "must." The Department's discretion, exactly as with B&O, extends only to the amount of recognition, not to whether workers' compensation cost increases are recognized at all. And the statute specifies the data source for that determination: the change in cost actually experienced by Medicaid-contracted home care agencies, not the L&I base rate in isolation. The evidence below is offered to inform that required determination, just as the Coalition's B&O cost data was offered to inform the Department's B&O determination in Part One.

II. The Evidence Supporting the Department's Required Determination

The Coalition's CY 2025 workers' compensation rate survey, presented to the Board on July 15, 2026, collected 2026 workers' compensation rates and CY 2025 billed hours from seven Medicaid-contracted home care agencies, representing 65.1% of statewide Medicaid hours billed (11,548,187 of an estimated 17,750,000 hours). The weighted average cost across the reporting agencies presented as $1.17. DSHS increased the funded rate effective July 1, 2026 to $0.98263 per hour, narrowing but not closing the gap to experienced cost. The remaining gap is $0.19 per hour, or 18.9% below the weighted average cost reported by surveyed agencies.

The Coalition also tested the $1.17 weighted average against a series of outlier-trimming scenarios — excluding the highest-rate agency, the lowest-rate agency, the largest reporter, and combinations of these. In every scenario, including the most aggressive trim (removing the two highest-rate agencies, representing 36% of reported hours), the resulting weighted average still exceeds the funded rate of $0.98263. The projected funding shortfall is approximately $3.3 million per year, even after the July 1, 2026 increase — and, absent recognition, continues to be absorbed out of the same Administrative Rate dollars that would otherwise fund direct care supervisor wages, caregiver recruiting and retention, compliance, and client staffing.

Consistent with that evidence, and with the statutory duty described in Section V, the Coalition asks the Board to recommend the L&I adjustment presented on July 15, 2026: a permanent $0.19 per hour increase to the workers' compensation component of the home

care agency vendor rate, effective with the FY 2028–29 biennium (July 1, 2027). As with the B&O request, the Board is not being asked to decide whether to recognize this cost — the statute already answers that question — only to set the amount, and the Coalition's survey evidence is the most direct measure of agency-experienced cost the record contains.

PART THREE — AGENCY ADMINISTRATIVE RATE ADJUSTMENT

I. The Base Administrative Rate Has Fallen Behind Inflation

The Coalition's July 15, 2026 presentation documented that the Base Administrative Rate has grown +26.9% since 2016 ($5.25 to $6.66), while Seattle-Tacoma-Bellevue CPI-U rose +47.9%. Had the Base Administrative Rate simply tracked Seattle-area inflation, it would be $7.75 today — a $1.09 per hour purchasing-power gap that has widened materially since the 2024–2026 inflation surge. This finding is unchanged and forms the basis for the request below.

II. Forward-Looking Cost Pressures

The record presented to the Board on July 15, 2026 also documented cost pressures that a rate adjustment must help absorb during FY28–FY29: administrative staff health insurance premiums rising 5.0% to 12.0%; liability insurance climbing 11% to 16%, against DSHS-mandated coverage limits that doubled with no offsetting rate adjustment; continuing direct care supervisor wage inflation needed to retain 24/7 care management staff; a caregiver mileage reimbursement gap of $0.15 per hour; and Electronic Visit Verification funding frozen at $0.45 per hour since July 2020, an inflation-adjusted value of $0.60 as of April 2026.

III. A Modest Counterproposal: 2% Per Annum in Place of the Original 4% Request

On July 15, 2026, the Coalition requested a 4% Base Administrative Rate increase in each of FY28 and FY29 – recognizing that inflationary cost pressures exceeded this request, we felt 4% was a reasonable middle ground. In this counterproposal, the Coalition narrows that request to a 2% annual adjustment for FY28 and FY29 — using the identical methodology presented before: the percentage is applied to the Base Rate plus EVV funding ($0.45); Personal Protective Equipment funding ($0.23) is excluded from the calculation; and the FY29 adjustment compounds on the FY28 base plus EVV funding.

	FY 2028	FY 2029
Base Rate Adjustment	$6.66 → $6.80	$6.80 → $6.95
Increase	+ $0.14 / hour (+2.0%)	+ $0.15 / hour (+2.0%)

Total two-year increase under this counterproposal: +$0.29 per hour (+4.4%), compared with the +$0.58 per hour (+8.7%) originally requested. This is a substantially reduced ask:

even after both annual adjustments, the FY29 rate of $6.95 remains well below the $7.75 inflation-adjusted value of today's rate identified above — the 2% path narrows the purchasing-power gap even more partially than where the original 4% request would have. The Coalition offers this reduction as a good faith counter proposal, not as a revised view of the underlying cost evidence as presented in our original proposal.

THE COALITION'S CONSOLIDATED COUNTERPROPOSAL

I. Summary of Requested Adjustments

Consistent with the cost evidence presented to the Board on July 15, 2026 and the statutory framework of RCW 74.39A.310, the Coalition respectfully asks that the Board incorporate the following into its proposed rates and its forthcoming recommendation to the Governor:

1. **B&O prospective recognition (FY 2028–2029).** Fund agency B&O at 2.1%, including any applicable surcharge, on agencies' full Medicaid revenue base — not solely on the incremental parity change — through a $0.16 per hour adjustment to the home care agency vendor rate for the 2027–29 biennium.
2. **B&O back period (October 1, 2025 – June 30, 2027).** Recognize the unfunded B&O expense agencies have borne since the increase took effect through a $0.12 per hour adjustment, paralleling the back-period relief already provided to the CDE.
3. **B&O ongoing mechanism.** Recommend that home care agency vendor rates adjust — in either direction — whenever the Legislature changes the B&O tax rates applicable to home care, so that neither the State nor providers must relitigate this question each biennium.
4. **Workers' Compensation (L&I) recognition.** Adopt a permanent $0.19 per hour increase to the workers' compensation component of the vendor rate, effective July 1, 2027, as presented to the Board on July 15, 2026, supported by the Coalition's CY 2025 survey covering the majority of statewide hours and confirmed across every outlier-trimming scenario tested. Like the B&O request above, this is not a discretionary request: RCW 74.39A.310(3)(b), enacted in the same bill as the B&O provision, requires the Department to include this cost; only the amount is discretionary, and the evidence here supplies it.
5. **Agency Administrative Rate adjustment.** Adopt a 2% Base Administrative Rate increase for each of FY28 and FY29 — applied to the Base Rate plus EVV funding, with PPE funding excluded and the FY29 increase compounding on the FY28 base — using the same methodology as, but at half the magnitude of, the 4% adjustment presented on July 15, 2026.

CONCLUSION

Medicaid-contracted home care agencies serve the same clients, under the same program, funded by the same appropriations, and taxed by the same Legislature as the CDE. Across all three requests in this counter proposal, the Coalition asks for the consistent application of a principle the State has already accepted in other contexts: when the State imposes or recognizes a cost on Medicaid home care — a tax increase, a change in workers' compensation premiums, or the erosion of a rate component through inflation — the State-set vendor rate should recognize that cost.

On the Agency Administrative Rate specifically, the Coalition has reduced its request from 4% to 2% per annum as a good faith counterproposal, while preserving the underlying cost evidence for future consideration. Representatives of the Coalition will be present at the Board's August 24, 2026 meeting and welcome the opportunity to address these items during public comment or at the Board's convenience, and to provide any additional documentation the Board or the Department may find useful.

Respectfully submitted,

WASHINGTON STATE HOME CARE COALITION
Executive Committee

Eric Erickson, Executive Director, CDM Caregiving Services — Coalition President

Cherie Noble, Program Director, Generational Care — Coalition Vice President

David Budd, Associate Director — Long Term Care, Catholic Community Services — Coalition Treasurer

Bradley Banks — Coalition Administrator

Peter Nazzal, Director — Long Term Care, Catholic Community Services — Coalition Historian

Michael Howard, Executive Director, First Choice In-Home Care

Pete Ansara, Executive Director, Korean Women's Association

Jim Lord, President, First Choice In-Home Care

Julia Weinmaster, State Director, All-Ways Caring

cc: Home Care Coalition Member Agencies