

WSR 26-04-047

PROPOSED RULES

HEALTH CARE AUTHORITY

[Filed January 27, 2026, 12:18 p.m.]

Original Notice.

Preproposal statement of inquiry was filed as WSR 25-19-032.

Title of Rule and Other Identifying Information: New chapter 182-600 WAC, WA Cares fund program.

Hearing Location(s): On March 10, 2026, at 10:00 a.m. The health care authority (HCA) holds public hearings virtually without a physical meeting place. Virtual public hearings are held via Microsoft Teams webinar. To attend, you must register in advance at <https://events.gcc.teams.microsoft.com/event/57293f3e-856d-4baa-9b2f-33c258d501f8@11d0e217-264e-400a-8ba0-57dcc127d72d>. After registering, you will receive a confirmation email containing information about joining the public hearing. You will be able to join the public hearing through most standard internet browsers; you do not need to install Microsoft Teams.

Date of Intended Adoption: Not sooner than March 11, 2026.

Submit Written Comments to: HCA Rules Coordinator, P.O. Box 42716, Olympia, WA 98504-2716, email arc@hca.wa.gov, fax 360-586-9727, beginning January 28, 2026, 8:00 a.m., by March 10, 2026, 11:59 p.m.

Assistance for Persons with Disabilities: Contact Jessica Nguyen, phone 360-725-1174, fax 360-586-9727, telecommunication relay service 711, email arc@hca.wa.gov, by February 20, 2026.

Purpose of the Proposal and Its Anticipated Effects, Including Any Changes in Existing Rules: These rules implement the responsibilities outlined in RCW 50B.04.020(2) for the WA Cares program.

Reasons Supporting Proposal: See purpose.

Statutory Authority for Adoption: RCW 50B.04.020 (2) (e), 41.05.021, and 41.05.160.

Statute Being Implemented: RCW 50B.04.020 (2) (e), 41.05.021, and 41.05.160.

Rule is not necessitated by federal law, federal or state court decision.

Name of Proponent: HCA, governmental.

Name of Agency Personnel Responsible for Drafting: Valerie Freudenstein, P.O. Box 42716, Olympia, WA 98504-2716, 360-725-5128; Implementation and Enforcement: Greg Sandoz, P.O. Box 42716, Olympia, WA 98504-2716, 360-725-2065.

A school district fiscal impact statement is not required under RCW 28A.305.135.

A cost-benefit analysis is not required under RCW 34.05.328. RCW 34.05.328 does not apply to HCA rules unless requested by the joint administrative rules review committee or applied voluntarily.

Scope of exemption for rule proposal under Regulatory Fairness Act requirements:

Is not exempt.

The proposed rule does not impose more-than-minor costs on businesses. Following is a summary of the agency's analysis showing how costs were calculated. WA Cares fund provides working Washingtonians a way to earn access to long-term care benefits that will be available to them when needed. Working Washingtonians contribute to a shared fund which is accessible only to those who have contributed, meet the requirements, and need care. This new program is a consumer directed program. The consumer chooses when they need the services. The consum-

er then applies and must be approved to use their funds. Once approved, the WA Cares provider works with the consumer to agree on services and costs and sets up an authorization for the services and costs which the consumer must approve. HCA's existing ProviderOne claims system will be used for processing and payment of the claims for WA Cares. As a result, HCA does not anticipate these rules will impose a more-than-minor cost on small businesses.

January 27, 2026
Wendy Barcus
Rules Coordinator

RDS-6804.4

**Chapter 182-600 WAC
WA CARES FUND PROGRAM**

NEW SECTION

WAC 182-600-0100 Purpose and scope. (1) This chapter establishes the responsibilities of the health care authority in the long-term services and supports program known as WA cares fund program as identified in RCW 50B.04.020(2).

(2) Department of social and health services program rules can be found under chapter 388-116 WAC.

(3) Employment security department program rules can be found under Title 192 WAC.

NEW SECTION

WAC 182-600-0200 Definitions. The definitions in this section apply throughout this chapter.

Approved services has the same meaning as defined in WAC 388-116-1010.

Benefit unit has the same meaning as defined in RCW 50B.04.010.

Eligible beneficiary has the same meaning as defined in RCW 50B.04.010.

Long-term services and supports (LTSS) provider has the same meaning as defined in RCW 50B.04.010.

Preauthorization means the process and product of verifying and granting permission to the LTSS provider to provide an approved service to the eligible beneficiary at a rate or amount agreed upon between the LTSS provider and eligible beneficiary. The preauthorization is a service agreement between the beneficiary and the LTSS provider.

Program has the same meaning as defined in RCW 50B.04.010.

NEW SECTION

WAC 182-600-0300 WA cares fund program payments. (1) The health care authority (HCA) tracks and ensures that payments for LTSS services do not exceed an eligible beneficiary's total available program benefit units.

(2) HCA pays a claim for approved services that have been preauthorized by the eligible beneficiary, when the LTSS provider:

- (a) Meets the applicable requirements in chapter 388-116 WAC;
- (b) Submits the claim through HCA's payment system; and
- (c) Submits the original claim and any subsequent claims adjustments:
 - (i) No more than 60 days after the latest end-date of the preauthorization; and
 - (ii) After the service has been provided.

NEW SECTION

WAC 182-600-0400 Coordination of benefits. If an eligible beneficiary is also an apple health (medicaid) client, the provider must first seek timely payment from the beneficiary's WA cares benefit units before billing apple health (medicaid) for approved services.

NEW SECTION

WAC 182-600-0500 Program integrity—Activities. (1) The health care authority (HCA) ensures preauthorized LTSS services are provided through service verification and audits and recoups any inappropriate payments and refers potential fraud to law enforcement.

(2) **Methods.** Program integrity activity methods include, but are not limited to:

- (a) Service verifications;
- (b) Audits of records and review of other documentation to determine compliance with laws, regulations, and billing guides; and
- (c) Interviews with providers, eligible beneficiaries, and witnesses.

(3) **Audit period.** HCA may conduct program integrity activities involving claims submitted for payment to HCA anytime up to six years after the date of service.

(4) **Scope and focus.** HCA determines the scope and focus of any program integrity activity.

(5) **Selecting claims and information to be evaluated.** HCA may evaluate records or other information relevant to validating whether the LTSS provider received inappropriate payment.

(6) **Cooperation.**

- (a) An LTSS provider must cooperate with an audit.
- (b) An LTSS provider must provide information and submit records requested by HCA by the due date in the request.
- (c) An LTSS provider must submit records electronically unless otherwise requested, or granted permission by HCA to submit a hard copy, and must follow the instructions for records submission included in the request.

(d) If sent electronically, records must be sent using a secure method uploaded through HCA's managed file transfer (MFT) site.

(e) If the LTSS provider does not comply with the audit, HCA may issue a final notice of findings and assess an overpayment.

(7) HCA does not reimburse any costs an LTSS provider incurs complying with program integrity activities.

NEW SECTION

WAC 182-600-0600 Program integrity—Outcomes. (1) When the health care authority (HCA) completes the review under WAC 182-600-0500, HCA may do any of the following:

(a) Deny and recover improperly paid claims;

(b) Instruct the LTSS provider to submit additional information or submit a new claim;

(c) Issue a final notice assessing an overpayment which the LTSS provider may appeal under WAC 182-600-0700;

(d) Refer an overpayment to the department of social and health services office of financial recovery for collection;

(e) Refer suspected fraud to law enforcement.

(2) LTSS providers must keep documentation to prove the services billed were delivered and payment was appropriate. Providers must retain all records supporting claims for a minimum of six years from the date of service, or longer if the law requires or an audit or investigation is in progress. Failure to keep this documentation may result in recoupment of the payment.

NEW SECTION

WAC 182-600-0700 Administrative hearing. (1) The administrative hearing process is governed by chapters 34.05 RCW and 182-526 WAC.

(2) An LTSS provider who disagrees with the health care authority's (HCA) action to recoup inappropriate payments under RCW 50B.04.020 (2)(b) may request an administrative hearing under chapter 182-526 WAC.

(3) An LTSS provider does not have an administrative hearing right for the denial of payment of a claim.

(4) HCA does not recoup overpayments until an order is final.

(5) Throughout the administrative hearings process, the LTSS provider bears the burden of proving by a preponderance of the evidence that it has complied with applicable laws, rules, regulations, and agreements.