

MILLIMAN REPORT

WA Cares Fund Savings for the Medicaid Program

Commissioned by the Office of the State Actuary

November 5, 2021

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I. Overview

The Office of the State Actuary (OSA) requested Milliman's help to analyze the financial impact to the Washington Medicaid program due to the WA Cares Fund, Washington's new public long-term services and supports (LTSS) program beginning January 1, 2022. Given Medicaid is a payer of last resort, the WA Cares Fund is anticipated to provide first-dollar coverage to support individuals' long-term care needs, which will result in lower Medicaid costs than what would occur absent the program. This report provides information related to why the WA Cares Fund may produce Medicaid savings, as well as projections on where and when those savings may occur.

The estimates in this report rely upon the program structure and projections of the Base Plan included in our 2020 LTSS Trust Actuarial Study dated December 12, 2020 (2020 Actuarial Study), consistent with a required premium assessment of 0.66% under the "Invest Treasuries" scenario. The 2020 Actuarial Study is included as Appendix A to this report. All plan features, methodology, and assumptions used in this analysis are consistent with the modeling of the Base Plan in our 2020 Actuarial Study. **The impact to the Medicaid program presented in this report could be lower or higher to the extent the final design and actual experience of the WA Cares Fund varies from the assumptions included in the 2020 Actuarial Study and this report.** The results in this report should be considered in their entirety in combination with our 2020 Actuarial Study.

Milliman was engaged by OSA as a contractor to perform this actuarial study, including the required modeling and actuarial analysis. The results of this actuarial study are to be shared with OSA and the Washington Department of Social and Health Services (DSHS) to collectively aid OSA's and DSHS's responsibilities in supporting the WA Cares Fund.

Any reader of this report should possess a certain level of expertise and background in actuarial projections related to financing LTSS benefits to understand and appreciate the significance of the assumptions used and the impact of these assumptions on the illustrated results. The reader should be advised by, among other experts, actuaries or other professionals competent in the area of actuarial projections of the type in this report so as to properly interpret the estimates. The information included in this report should only be considered in its entirety. Please see Section IV for additional caveats and limitations.

WHY ARE THERE MEDICAID SAVINGS?

Medicaid is the largest payer of LTSS in the United States. In 2019, approximately 43% of LTSS expenditures were paid for by Medicaid.¹ Medicaid is jointly funded by states and the federal government, but LTSS may require individual out-of-pocket costs as well. Washington's Medicaid program provides LTSS to qualifying Medicaid-eligible individuals, including services in a nursing home, assisted living facilities, and home and community-based services (HCBS). We estimate that the Washington Medicaid program (in total, including state and federal) spent approximately \$2.1 billion in 2019 on LTSS expenditures, including both institutional care and HCBS for physically disabled adults.

Medicaid is generally the payer of last resort.² This means private insurance, including long-term care (LTC) insurance or Medicare, must pay for medical and LTSS costs incurred by a Medicaid-eligible individual before Medicaid.³ The newly-created WA Cares Fund is assumed to provide LTSS coverage before Medicaid would pay, like other non-Medicaid payers. Given the creation of an additional funding source to pay for LTSS prior to Medicaid, savings would occur under the Medicaid program due to WA Cares Fund spending on individuals who are either (1) enrolled in Medicaid at the time of receiving WA Cares Fund benefits, or (2) would have become enrolled in Medicaid absent the WA Cares Fund.

¹ Colello, K. (August 5, 2021). Who Pays for Long-Term Services and Supports? Congressional Research Service. Retrieved October 31, 2021, from <https://crsreports.congress.gov/product/pdf/IF/IF10343#:~:text=Medicaid%20is%20the%20largest%20single,42.9%25%20of%20all%20LTSS%20expenditures>.

² U.S. Department of Health and Human Services (June 1, 2018). Medicaid Provisions in Recently Passed Federal Budget Legislation Bipartisan Budget Act of 2018 – Third Party Liability in Medicaid and CHIP. Retrieved July 26, 2020, from <https://www.medicaid.gov/sites/default/files/federal-policy-guidance/downloads/cib060118.pdf>.

³ Medicaid and CHIP Payment and Access Commission. Third party liability. Retrieved July 26, 2020, from <https://www.macpac.gov/subtopic/third-party-liability/>.

The Washington Medicaid program is jointly funded by the state of Washington and the federal government. If Medicaid expenditures were reduced because of the WA Cares Fund, federal financial participation would also be reduced. Therefore, we analyzed how this new public LTSS program would interact with the Medicaid program and estimated savings to both the state and federal government. Our analysis projects the number of recipients estimated to receive LTSS benefits under the WA Cares Fund that would have received benefits from the Medicaid program, absent the new program. For each of these recipients, we also projected the corresponding fiscal impact to the Medicaid program resulting from the creation of the WA Cares Fund.

II. Results and Considerations

We estimate annual Medicaid program savings due to the creation of the WA Cares Fund will be approximately \$70 million in 2025, increasing to \$140 million in 2035, \$410 million in 2050, and \$2.1 billion in 2095. The savings include both the state and federal components, growing substantially over time as more people become vested in their WA Cares Fund benefit. Trend and population growth also contribute to the increases. The estimates exclude the impact of potential investment income earned on the savings.

Figure 1 illustrates projections of annual Medicaid program savings due to the WA Cares Fund in five-year increments. Attachment 1 includes additional details showing the annual results for all 75 projection years. The projection results include:

- The number of recipients projected to start receiving WA Cares Fund benefits during the year who would have received LTSS benefits from Medicaid absent the WA Cares Fund
- The total (state and federal) Medicaid fiscal impact resulting from Medicaid enrollees receiving WA Cares Fund benefits, including values in terms of 2025 dollars (i.e., untrended) and dollars adjusted for inflation (values trended at 2.5%, which is consistent with our assumed long-term trends in Medicaid net costs)

Figure 1
State of Washington Office of the State Actuary
Medicaid Fiscal Impact (Federal and State) due to WA Cares Fund

Annual Medicaid Fiscal Impact (in millions)

Year	Medicaid Recipients	Untrended (in 2025 dollars)	Trended (with 2.5% inflation)
2025	5,700	(\$ 70)	(\$ 70)
2030	8,000	(90)	(110)
2035	9,600	(110)	(140)
2040	12,400	(140)	(210)
2045	15,600	(180)	(300)
2050	18,900	(220)	(410)
2055	22,200	(260)	(540)
2060	24,900	(290)	(680)
2065	27,400	(310)	(850)
2070	29,300	(340)	(1,020)
2075	30,800	(350)	(1,210)
2080	31,400	(360)	(1,400)
2085	31,900	(370)	(1,610)
2090	32,200	(370)	(1,830)
2095	32,600	(370)	(2,100)

Notes:

1. *The estimated state-only impact is approximately 45% of the total state and federal Medicaid fiscal impact. The estimate is lower than 50% due to the federal financial participation for expansion versus non-expansion Medicaid populations.*
2. *For purposes of this table, we included a trended projection and a projection that excludes trend to better compare to current program spending. The "Untrended" values can be interpreted as the "Trended" values discounted to 2025 using a 2.5% discount rate.*

The Medicaid recipients shown in Figure 1 represent the individuals projected to start receiving WA Cares Fund benefits who would have received LTSS benefits from Medicaid absent the WA Cares Fund. We estimate that approximately 35% of these enrollees began receiving LTSS concurrent with their enrollment in Medicaid. We assumed that the WA Cares Fund benefits would delay these individuals' enrollment into Medicaid, and Medicaid savings would therefore additionally include non-LTSS costs during this delayed enrollment period. However, most enrollees who will have delayed enrollment have only a small amount of Medicaid liability for non-LTSS because they are dually eligible for Medicare (the primary payer) and Medicaid (the payer of last resort). Approximately 12% of the Medicaid savings shown in Figure 1 are related to non-LTSS during the period of delayed enrollment.

VARIABILITY OF RESULTS

The estimates presented in Figure 1 are point estimates based upon a set of assumptions, which are discussed in the Section III of this report. The estimated impact to Medicaid savings is highly sensitive to the underlying projection assumptions used in the modeling. Based on testing various key assumptions one at a time, we observe the Medicaid fiscal impact to increase or decrease by roughly 25% in 2050 compared to the point estimates in Figure 1. The range could be even higher in years further into the future. This range is not intended to be a bound, but instead reflects the variability of potential results from testing a few specific assumptions. Actual results could fall outside this range.

The assumptions tested include variability in cost of living trends (+/- 100 basis points), vesting (+/- 10% number of people vesting), mortality (+/- 10% deaths), and morbidity (+/- 20% incidence), which is not intended to be an exhaustive list of potential variations to assumptions. While we tested the impact of changing assumptions singularly, actual experience will likely reflect differences across multiple assumptions. The combined impact of these assumptions may create a variance higher or lower than the aforementioned 25%.

The level of Medicaid savings is also highly sensitive to the plan features of the WA Cares Fund program. For the purposes of this report, we modeled all plan features consistent with the modeling of the Base Plan in our 2020 Actuarial Study. The impact to the Medicaid program presented in this report could be lower or higher to the extent the final design and actual experience of the WA Cares Fund varies from the assumptions included in the 2020 Actuarial Study and this report. Examples of how the final program design could influence Medicaid savings include the following:

- The results in this letter rely on the opt-out structure and assumptions for private long-term care (LTC) insurance as included in the 2020 Actuarial Study. Subsequent to that study, the WA Cares Fund opt-out offering was clarified to include the purchase of private LTC insurance through November 1, 2021. If there are more opt-outs than modeled as part of the Base Plan (consistent with a 0.66% required premium assessment) in the 2020 Actuarial Study, the Medicaid savings will be different than the figures presented in this report, since fewer individuals will have access to WA Cares Fund benefits. The overall impact to Medicaid savings of this provision will depend on the number and characteristics of those individuals who opt out.
- The Revised Code of Washington (RCW) 50B.04⁴ currently defines the benefit eligibility criteria as requiring assistance with at least three activities of daily living (ADLs). Because the definition in the RCW does not include details of how the ADLs will be defined or measured, the 2020 Actuarial Study assumed the type and minimum number of ADLs considered by care setting would be consistent with the current definitions used under the State of Washington Medicaid program⁵ as requested by DSHS. To the extent the final benefit trigger for the WA Cares Fund varies from the Medicaid criteria, we would expect the Medicaid savings would also vary.

For both assumption sensitivities and program feature alternatives, it is worth noting that **the impact to premium assessments may not align with or offset the impact to Medicaid savings**. For example, if the number of individuals achieving vesting is higher than modeled, we might expect both the required premium assessment and Medicaid savings to be higher than projected under the base assumptions. In the case of the private market opt-out, however, we might expect more people opting out of the program to increase to the program's premium assessment, but at the same time decrease the Medicaid savings compared to our base modeling.

KEY CONSIDERATIONS

The Medicaid savings arising due to the presence of the WA Cares Fund may necessitate additional operational processes in order to be realized. For people enrolled in Medicaid prior to receiving LTSS, processes will likely be needed to assist these enrollees with obtaining their WA Cares Fund benefit and recognizing those payments to providers in determining Medicaid liability. If the Medicaid enrollees do not obtain their WA Cares Fund benefit, the Medicaid liability is unlikely to change, and savings will not accrue. For people who enroll in Medicaid concurrent with receiving their first LTSS, the Medicaid eligibility and enrollment process will need to ensure that people have exhausted their WA Cares Fund benefit. Additionally, capturing the federal portion of Medicaid savings will require coordination with the Centers for Medicare and Medicaid Services (CMS) to demonstrate the savings that would occur with the WA Cares Fund.

⁴ Revised Code of Washington 50B.04 (2019). Retrieved October 12, 2020, from <https://app.leg.wa.gov/RCW/default.aspx?cite=50B.04>

⁵ Medicaid Personal Care (MPC) and nursing facility care (NFC) eligibility requirements can be accessed at the following websites:
<https://apps.leg.wa.gov/wac/default.aspx?cite=388-106-0210>
<https://apps.leg.wa.gov/wac/default.aspx?cite=388-106-0355>

The estimates of Medicaid savings due to the WA Cares Fund presented in this report reflect that the WA Cares Fund benefit has no daily benefit maximum. The estimates also reflect an assumption that services covered by the WA Cares Fund will be paid at commercial reimbursement rates. With commercial reimbursement rates often being 50% to 150% higher than Medicaid reimbursement rates, the WA Cares Fund benefit will not cover as many days of service as it would if services were paid at Medicaid reimbursement rates or there was a daily maximum benefit. We estimate that Medicaid savings due to the WA Cares Fund could be 50% to 100% higher than the estimates presented in this report if the daily benefit was limited to an amount similar to Medicaid reimbursement levels.

As described above, any future Medicaid savings observed for the WA Cares Fund will be highly dependent on final program parameters and the operational processes employed to ensure state and federal Medicaid savings are realized. Depending on the process developed to identify Medicaid savings and communications with CMS regarding being credited with federal Medicaid savings from the WA Cares Fund, total Medicaid savings illustrated in this report may not be fully captured. Once more information is available regarding these considerations, calculations will need to be refined to better reflect WA Cares Fund implementation plans.

The majority of the Medicaid savings from the WA Cares Fund illustrated in Figure 1 occurs in the last 30 years of the 75-year projection. In other words, for most individuals receiving LTSS under the WA Cares Fund, any Medicaid savings that would be accrued would occur many years after they would have paid into the fund. Therefore, understanding the value of potential Medicaid savings should also consider the impact of investment income.

The following issues could materially impact Medicaid savings, but were outside of the scope of our analysis (not intended to be an exhaustive list):

- We did not adjust for any increased use of services due to awareness or use of services, as individuals with coverage may use services at higher rates and then become eligible for Medicaid.
- We did not adjust for any cost increases in the LTSS marketplace outside of historical trend. As an example, increased demand for LTSS or other market forces may put pressure on wages and other costs for personal care workers.
- We did not reflect any impact to nursing home provider taxes.
- We did not vary LTSS incidence rates for different federal poverty level (FPL) groupings (e.g., under 138% FPL).
- We assumed the resulting trend rate for Medicaid net costs (2.5%) developed from projected 2019 to 2025 Medicaid allowed, Medicare covered, third party liability, and patient liability amounts will continue for calendar years 2025 and later.

III. Methodology and Assumptions

This section details the assumptions and methodology related to estimating the financial impact of the WA Cares Fund to the Washington Medicaid program. The information in this report should be considered along with the methodology and assumptions for our Base Plan actuarial estimates included in the 2020 Actuarial Study, included as an attachment to this report.

MEDICAID BASELINE

We used 2018 and 2019 Medicaid experience for Washington to develop baseline estimates for the number of Medicaid enrollees who could receive benefits from the WA Cares Fund and the associated average Medicaid cost savings per enrollee due to the WA Cares Fund. Enrollees meeting certain criteria were excluded from the experience given the structure defined under the 2020 Actuarial Study Base Plan:

1. Enrollees under age 18.
2. Developmentally disabled enrollees.
3. Undocumented enrollees.
4. Enrollees who do not have coverage for LTSS under Medicaid, such as those who are dually enrolled in Medicare and Medicaid and have limited Medicaid benefits.

To estimate the baseline number of Medicaid enrollees who could receive benefits from the WA Cares Fund, we identified enrollees who received their first service in the experience period between July 1, 2018 and June 30, 2019 within Washington Medicaid LTSS program data. Enrollees who received their first service concurrently with their first month of enrollment in Medicaid were assumed to have met a 45-day elimination period prior to Medicaid enrollment.⁶ Enrollees who received their first LTSS after their first month of enrollment in Medicaid were assumed to meet the 45-day elimination period 46 days after their first LTSS date of service. Given our 2020 Actuarial Study reflected the Medicaid program benefit trigger, we have assumed all Medicaid LTSS recipients would be eligible for the WA Cares Fund if they meet vesting and other program requirements, except for the exclusions described above. This assumption has not been finalized for the WA Cares Fund and to the extent that the benefit trigger is modified, it would impact the results of this analysis.

To estimate the baseline Medicaid cost savings per enrollee due to the WA Cares Fund, we used the detailed LTSS claims experience for the identified Medicaid enrollees. We trended the Medicaid allowed, Medicare covered, and third-party liability amounts by 3% per year to 2025 except for Medicaid allowed amounts for home and community-based services, which were trended at 2.5% per year. These trend assumptions are 0.5% to 1.0% lower than the commercial reimbursement trends used in our 2020 Actuarial Study because Medicare and Medicaid reimbursement trends are typically lower than commercial reimbursement trends. We also trended patient liability amounts at 2.5% because these amounts are most often based upon an enrollee's income, which generally trend at a similar rate as the index for the WA Cares Fund lifetime benefit amount. The 2025 Medicaid net cost was then the excess of the trended Medicaid allowed amounts above the trended Medicare covered, third party liability, and patient liability amounts.

The trended detailed claims experience for each identified Medicaid enrollee was analyzed to determine which days of LTSS would be covered by the WA Cares Fund. The covered days considered the 45-day elimination period, including when that was assumed to be met as discussed above. It also considered the WA Cares Fund lifetime benefit amount and that days of service covered by the WA Cares Fund would be paid at commercial reimbursement rates rather than Medicaid reimbursement rates. We used the estimated 2025 commercial reimbursement rates underlying our 2020 Actuarial Study for this purpose. The 2025 Medicaid savings per enrollee was calculated as the 2025 Medicaid net cost for the days of LTSS covered by the WA Cares Fund.

For enrollees who were assumed to have met the 45-day elimination period prior to Medicaid enrollment, we assumed that the WA Cares Fund would delay their enrollment in Medicaid by the days between the first and last days covered by the WA Cares Fund. Delayed Medicaid enrollment results in Medicaid savings for non-LTSS, i.e., acute services. We assumed 2025 Medicaid savings for non-LTSS of \$60 to \$160 per member per month (PMPM) for enrollees dually eligible for Medicare and Medicaid and \$2,400 to \$2,700 PMPM for Medicaid-only enrollees. These assumptions are based upon our experience with other state Medicaid programs. Most enrollees assumed to have met the 45-day

⁶ As part of the 2020 Actuarial Study, we assumed benefit payment commences following satisfaction of a one-time "deductible" period of 45 consecutive days during which the individual has a qualifying level of disability meeting the benefit eligibility trigger.

elimination period prior to Medicaid enrollment were dually eligible for Medicare and Medicaid, so the Medicaid savings for non-LTSS is limited, since Medicare is primary for most of the services. The 2025 Medicaid net savings for non-LTSS were added to the 2025 Medicaid net cost for the days of LTSS covered by the WA Cares Fund to arrive at the 2025 Medicaid savings per new claimant.

MEDICAID PROJECTIONS

We projected the number of new potential WA Cares Fund claimants with Medicaid savings for 2025 through 2096 by assuming that our baseline estimates for claimants would change at the same rate as the projected new claimants in our 2020 Actuarial Study with income up to 138% of the FPL. The projected new claimants reflect several assumptions including birth and mortality rates and incidence of needing LTSS. We also applied the vesting assumptions from our 2020 Actuarial Study to arrive at the estimated new WA Cares Fund claimants with Medicaid savings for each year.

We assumed the Medicaid savings per new claimant would increase by approximately 2.5% per year after 2025. This assumption is based on the resulting trend rate of Medicaid net costs observed from projecting 2019 to 2025 Medicaid allowed, Medicare covered, third party liability, and patient liability amounts described in the Medicaid Baseline above.

VI. Caveats and Limitations

This report was prepared for the internal use of the Washington Office of the State Actuary (OSA) and the Washington Department of Social and Health Services (DSHS) and it should not be distributed, in whole or in part, to any external parties without the prior permission of Milliman, subject to the following exception:

- This report shall be a public record that shall be subject to disclosure to the State Legislature and its committees, persons participating in legislative reviews and deliberations, and parties making a request pursuant to the Washington Public Records Act

We do not intend this information to benefit or create a legal liability to any third party. This communication must be read in its entirety.

The information in this report provides actuarial modeling and analysis regarding the potential fiscal impact of the WA Cares Fund on the Washington Medicaid program. It may not be appropriate, and should not be used, for other purposes.

Our analysis was based on the anticipated WA Cares Fund program design outlined in our 2020 Actuarial Study. Modeling changes to program design was beyond the scope of this analysis. To the extent that any program changes are made, such as the benefit trigger or assumed reimbursement, this analysis would need to be updated. Additionally, changes to the state Medicaid reimbursement or eligibility, federal regulations, or executive orders, as well as to state insurance laws, will impact the conclusions made in this report.

The Medicaid fiscal impacts developed in this analysis are based on our understanding of how Washington's Medicaid program will interact with the WA Cares Fund. Data was not readily available to support all assumptions needed for this analysis. In those cases, we relied on other publicly available data, as well as our research and experience to develop assumptions for these projections. In completing this analysis, we relied on information provided by OSA, DSHS, Washington State Health Care Authority (HCA), and publicly available data, which we accepted without audit. However, we did review this information for general reasonableness.

Many assumptions were used to construct the estimates in this report. Actual results will differ from the projections in this report. Experience should be monitored as it emerges, and corrective actions taken when necessary.

Guidelines issued by the American Academy of Actuaries require actuaries to include their professional qualifications in all actuarial communications. The authors of this report are members of the American Academy of Actuaries and meet the qualification standards for performing the analyses in this report.

The terms of the Personal Service Contract with OSA, effective February 26, 2020, apply to this engagement.

Attachment 1
State of Washington Office of the State Actuary
Medicaid Fiscal Impact (Federal and State) due to WA Cares Fund

Total Medicaid Fiscal Impact (in millions)	
Sum, Untrended	Sum, Trended
(in 2025 dollars)	(with 2.5% inflation)
(\$18,680)	(\$60,160)

Year	Medicaid Recipients	Annual Medicaid Fiscal Impact (in millions)	
		Untrended (in 2025 dollars)	Trended (with 2.5% inflation)
2022 - 2024	N/A	\$0	\$0
2025	5,700	(\$70)	(\$70)
2026	6,500	(\$80)	(\$80)
2027	7,100	(\$80)	(\$90)
2028	7,700	(\$90)	(\$100)
2029	7,900	(\$90)	(\$100)
2030	8,000	(\$90)	(\$110)
2031	8,100	(\$100)	(\$110)
2032	8,300	(\$100)	(\$120)
2033	8,500	(\$100)	(\$120)
2034	9,000	(\$110)	(\$130)
2035	9,600	(\$110)	(\$140)
2036	10,100	(\$120)	(\$160)
2037	10,700	(\$130)	(\$170)
2038	11,300	(\$130)	(\$180)
2039	11,900	(\$140)	(\$200)
2040	12,400	(\$140)	(\$210)
2041	13,000	(\$150)	(\$220)
2042	13,600	(\$160)	(\$240)
2043	14,300	(\$170)	(\$260)
2044	14,900	(\$170)	(\$280)
2045	15,600	(\$180)	(\$300)
2046	16,300	(\$190)	(\$320)
2047	17,000	(\$200)	(\$340)
2048	17,700	(\$210)	(\$360)
2049	18,400	(\$210)	(\$390)
2050	18,900	(\$220)	(\$410)
2051	19,600	(\$230)	(\$430)
2052	20,300	(\$230)	(\$460)
2053	20,900	(\$240)	(\$480)
2054	21,600	(\$250)	(\$510)
2055	22,200	(\$260)	(\$540)
2056	22,800	(\$260)	(\$570)
2057	23,400	(\$270)	(\$590)
2058	24,000	(\$280)	(\$620)
2059	24,500	(\$280)	(\$650)
2060	24,900	(\$290)	(\$680)
2061	25,400	(\$290)	(\$710)
2062	25,900	(\$300)	(\$740)
2063	26,500	(\$300)	(\$780)
2064	26,900	(\$310)	(\$810)
2065	27,400	(\$310)	(\$850)
2066	27,900	(\$320)	(\$880)
2067	28,300	(\$320)	(\$920)
2068	28,700	(\$330)	(\$950)
2069	29,100	(\$330)	(\$990)

Attachment 1
State of Washington Office of the State Actuary
Medicaid Fiscal Impact (Federal and State) due to WA Cares Fund

		Total Medicaid Fiscal Impact (in millions)	
		Sum, Untrended	Sum, Trended
		(in 2025 dollars)	(with 2.5% inflation)
		(\$18,680)	(\$60,160)
Annual Medicaid Fiscal Impact (in millions)			
Year	Medicaid Recipients	Untrended (in 2025 dollars)	Trended (with 2.5% inflation)
2070	29,300	(\$340)	(\$1,020)
2071	29,600	(\$340)	(\$1,060)
2072	29,900	(\$340)	(\$1,090)
2073	30,200	(\$350)	(\$1,130)
2074	30,500	(\$350)	(\$1,170)
2075	30,800	(\$350)	(\$1,210)
2076	31,000	(\$350)	(\$1,250)
2077	31,200	(\$360)	(\$1,290)
2078	31,400	(\$360)	(\$1,330)
2079	31,500	(\$360)	(\$1,370)
2080	31,400	(\$360)	(\$1,400)
2081	31,500	(\$360)	(\$1,440)
2082	31,600	(\$360)	(\$1,480)
2083	31,700	(\$360)	(\$1,520)
2084	31,800	(\$360)	(\$1,560)
2085	31,900	(\$370)	(\$1,610)
2086	32,000	(\$370)	(\$1,650)
2087	32,100	(\$370)	(\$1,700)
2088	32,200	(\$370)	(\$1,750)
2089	32,300	(\$370)	(\$1,800)
2090	32,200	(\$370)	(\$1,830)
2091	32,300	(\$370)	(\$1,890)
2092	32,300	(\$370)	(\$1,940)
2093	32,400	(\$370)	(\$1,990)
2094	32,500	(\$370)	(\$2,050)
2095	32,600	(\$370)	(\$2,100)
2096	32,700	(\$370)	(\$2,160)

Notes:

1. The estimated state-only impact is approximately 45% of the total state and federal Medicaid fiscal impact. The estimate is lower than 50% due to the federal financial participation for expansion versus non-expansion Medicaid populations.
2. For purposes of this table, we included a trended projection and a projection that excludes trend to better compare to current program spending. The "Untrended" values can be interpreted as the "Trended" values discounted to 2025 using a 2.5% discount rate.

APPENDIX A
2020 LONG-TERM SERVICES AND SUPPORTS ACTUARIAL STUDY

MILLIMAN REPORT

2020 Long-Term Services and Supports Trust Actuarial Study

Commissioned by the Office of the State Actuary

December 14, 2020

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APPENDICIES

APPENDIX A: PROJECTED FUTURE NET INVESTMENT EARNED RATES

I. OVERVIEW

The Office of the State Actuary (OSA) requested Milliman's help to provide actuarial analysis of the Long-Term Services and Supports (LTSS) Trust Program as an update to the 2018 independent feasibility study and actuarial modeling of public and private options for leveraging private resources to help individuals prepare for LTSS needs in the State of Washington. Updated actuarial analysis, to be conducted prior to the start of Washington's LTSS Trust Program, was requested not only to reflect the enacted program¹ but also provide additional modeling of alternative program features and risk management considerations regarding the premium assessment. To the extent details on program features were not included in the final law, we relied upon feedback from OSA and DSHS for the parameters to model. Additionally, future rulemaking and potential program modifications will be informed by this analysis.

Milliman was engaged by OSA as a contractor to perform this actuarial study, including the required modeling and actuarial analysis. The results of the actuarial study are to be shared with OSA and the Washington Department of Social and Health Services (DSHS) to collectively aid OSA's and DSHS's responsibilities in supporting the LTSS Trust Program.

Milliman utilized Actuarial Research Corporation (ARC) to inform portions of this analysis. We would like to recognize and thank Eddie Armentrout and his research team for their contributions.

SCOPE OF ENGAGEMENT AND WORK PROCESS

The scope of our engagement included the following main components:

- Estimate needed premium assessment based on the program features specified in the Revised Code of Washington (RCW) 50B.04 ("Baseline")
- Model alternative program features compared to Baseline
- Perform sensitivity testing on specified parameters
- Describe qualitative rate setting considerations and quantitatively illustrate select rate setting risks
- Provide final report summarizing the key results, methodology, and assumptions of the analysis

COMMENTS ON LTSS DEFINITION AND LONG-TERM ACTUARIAL PROJECTIONS

For the purposes of this report, we use the terms LTSS and long-term care (LTC) interchangeably. LTSS is a range of services and supports for individuals who need assistance with daily living tasks, such as bathing, dressing, ambulation, transfers, toileting, medication administration or assistance, personal hygiene, transportation, and other health-related tasks. Often, this type of assistance is needed by individuals who experience functional limitations due to age or to physical or cognitive disability. LTSS includes services provided in:

- Institutional settings: Includes skilled, intermediate, and custodial care provided in an institutional facility setting, such as a nursing home or dedicated wing of a hospital.
- Home and community-based settings (HCBS): Includes care provided in a person's own home or in a community-based setting, such as an assisted living facility or adult family home. Coverage includes both the services rendered and the room and board in a community-based setting.

The estimates provided throughout this report are prepared to assist in evaluating the viability of selecting benefit features for the new LTSS benefit program using design elements as requested by DSHS. **Any estimates around required program revenue are for feasibility purposes only and not intended, and should not be used, for setting the program premium assessment.**

This report includes estimates projected many years into the future. Actual expenses and related required revenue will inevitably vary from the estimates shown throughout the report. Examples of items that are difficult to project include the level of utilization of LTC services over time, duration of care needs, charge trends by site of care, emergence of new service and care modalities, wage growth and labor force participation, effectiveness of regulations and procedures

¹ Revised Code of Washington 50B.04 (2019). Retrieved October 12, 2020, from <https://app.leg.wa.gov/RCW/default.aspx?cite=50B.04>

to determine coverage and qualifications for benefits, migration patterns into and out of Washington, and future mortality. Section VI (methodology and assumptions) provides further background on our modeling.

Any reader of this report should possess a certain level of expertise and background in actuarial projections related to financing LTSS / LTC benefits to assist in understanding the significance of the assumptions used and their impact on the illustrated results. The reader should be advised by, among other experts, actuaries or other professionals competent in the area of actuarial projections of the type in this report, so as to properly interpret the estimates. The information included in this report should only be considered in its entirety. Please see Section VII for additional caveats and limitations regarding this report.

COMMENTS ON COVID-19

In preparing this study, we considered the potential impact of the emerging situation regarding the COVID-19 pandemic. Given the substantial uncertainty regarding the impact of COVID-19 on claims costs, including whether the pandemic will increase or decrease LTSS costs in the future, we did not make adjustments to the projections. At the time of publishing this report, it is not possible to predict the outcomes, particularly over the 75-year projection period of this study; however, the COVID-19 pandemic could have a material impact on future costs. Section V of this report presents sensitivities to pricing assumptions, including sensitivities to morbidity, mortality, and economic assumptions, all of which have been affected by COVID-19 in some capacity. Additional considerations related to pandemic risks and LTSS are discussed in a recent Milliman white paper.²

² Dalton, A.H. et al. (April 10, 2020). Pandemic Risk on Long-Term Care Insurance Reserves. Milliman White Paper. Retrieved July 24, 2020, from <https://us.milliman.com/en/insight/pandemic-risk-on-ltc-insurance-reserves>.

II. BASELINE RESULTS

Per direction of the Washington Legislature as passed in RCW 50B.04³, the LTSS Trust Act will provide a public long-term care insurance benefit for workers, funded through a payroll deduction that would provide a limited long-term care insurance benefit. The LTSS Trust Program will be financed by a flat state premium assessment on all wages and self-employment income as applicable. Coverage is limited to workers and does not include spousal coverage. Funding is assumed to be pay-as-you-go for a social insurance program, although the program does include some measure of prefunding. This section summarizes the results of our analysis based on the program features as indicated in RCW 50B.04, along with additional clarifications of anticipated program parameters provided by OSA and DSHS.

RESULTS SUMMARY

We estimate the 2020 Baseline will require a level payroll premium assessment between 0.51% and 0.71% to cover program expenditures over the 75-year period 2022 through 2096. The premium assessments in this range vary depending on the allowable investment strategy for the program, as well as the participation rates as a result of the private market opt-out and self-employed opt-in features. It is worth noting that 0.58% is the maximum premium assessment allowed per RCW 50B.04.

Beyond the investment strategy and opt-in / opt-out features, the estimated payroll premium assessment is highly sensitive to the underlying projection assumptions used in the modeling. Section V includes additional details regarding sensitivity tests of the key assumptions. **Based on testing various key assumptions one at a time, we observe the premium assessment for the Baseline increasing or decreasing by roughly 50%.** The results of the testing should be taken into consideration when evaluating the viability of selecting benefit features for the new LTSS benefit program. A key step in rate setting includes evaluating the sensitivity of the program results under different conditions and the program's ability to adjust features when experience materializes differently from what was expected.

We use an initial 75-year window because this is a common period over which to evaluate a public program using a pay as you-go (with initial pre-funding) approach, such as that being modeled here. The 75-year window does not represent a recommended window. Vesting of future benefits "earned" during the 75-year window, but paid after the 75-year window are excluded in the evaluation.

The required premium assessment is calculated such that the present value of income is equal to the present value of benefits and expenses, plus one year's outgo at the end of the 75-year period. Other time horizons and approaches should also be considered when evaluating the needed program revenue, such as maintaining a fund level equal to the actuarial present value of future liabilities or adding margin / cushion for potential future unfavorable experience. Exhibits 3 and 4 include the estimated yearly cash flows under the program for the Base Plan under a 0.66% and 0.58% premium assessment, respectively.

Impact of Investment Strategy

Investment strategy plays a significant role in the level of funding needed. We estimate a payroll premium assessment between 0.61% and 0.71% under the current law investing in U.S. Treasuries (Treasuries) and a payroll assessment between 0.51% and 0.67% under an investment strategy where the program can also invest in stocks and bonds based on the scenarios tested. The premium assessment could be higher than the upper ends shown to the extent adverse selection is higher than the levels estimated under the scenarios considered in this report. Please see the discussion on adverse selection in the Private Market Opt-Out and Self-Employed Opt-In sections.

Based on background provided by OSA, we assume investments only in Treasuries under the current law, which we understand to be consistent with the investment approach currently anticipated. Senate Joint Resolution 8212 (SJR8212)⁴ would have allowed flexibility to invest the Trust Account in stocks and other forms of investment. The passage of SJR8212 was contingent upon a statewide referendum which did not pass on November 3, 2020. Now that the outcome of SJR8212 is known, OSA anticipates an investment policy will be determined in 2021 and will request a remodeling of program costs and revenues at that time. In the meantime, we modeled results under two potential investment strategies: the current law (which assumes investment only in Treasuries), and an alternative (where investment in stocks and bonds is also allowed). More information on the modeled investment strategies is included in Appendix A.

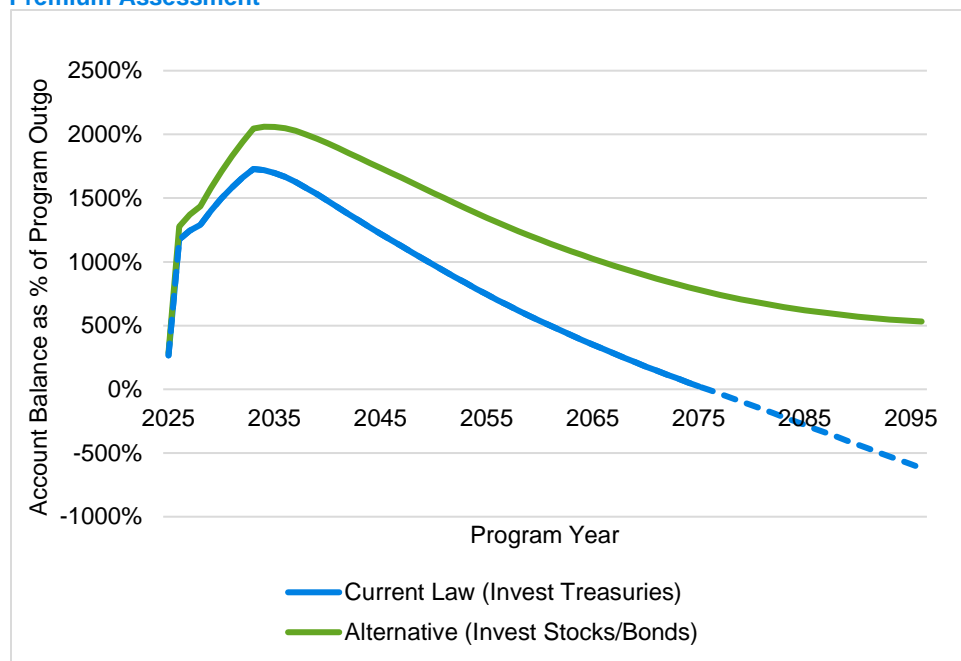
³ RCW 50B.04 (2019). Retrieved October 8, 2020, from <https://app.leg.wa.gov/RCW/default.aspx?cite=50B.04>

⁴ Senate Joint Resolution (2019). Retrieved September 23, 2020 from <https://app.leg.wa.gov/billssummary?BillNumber=8212&Year=2019&Initiative=false>

Figure 1 shows the estimated account balance as a percentage of annual program outgo, (which includes both benefit payment and administrative expenses) over the 75-year projection window under the *Current Law (Invest Treasuries)* and *Alternative (Invest Stocks / Bonds)* scenarios, assuming a 0.58% payroll premium is assessed (which is consistent with the maximum premium assessment to be charged for the program, as dictated by RCW 50B.04). When we calculate a 75-year level payroll premium assessment for the program, we ensure the rate is sufficient to maintain an account balance above \$0.

As seen in Figure 1, we project a 0.58% premium rate to be insufficient to keep the program solvent for 75 years under the current law, as we project the program's account balance will be insufficient to pay all scheduled benefits in later years (see dotted line where the account balance as a percentage of program outgo is below zero). Alternatively, the 0.58% assessment is sufficient under the scenario where the program is able to invest in stocks and bonds.

Figure 1: Account Balance as a Percentage of Annual Program Outgo under 0.58% Premium Assessment



Impact of Private Market Opt Out

The current statute allows individuals to opt out of the program over the course of a window of time from October 1, 2021 through December 31, 2022 given they self-attest to having private market long-term care coverage. Once an individual opts out of the LTSS Trust Program, they cannot opt back into the program at a later date. Based on conversations with OSA and DSHS, we modeled two different structures for implementing this opt out provision:

1. **Opt Out Structure 1 (Current Law)** – Under this structure, individuals would have the ability to purchase private market coverage through December 31, 2022 and become eligible to opt out of the LTSS Trust Program. The open time period to purchase private coverage through the end of the opt out window creates challenges in estimating program participation rates, adverse selection, and rate setting.
2. **Opt Out Structure 2 (Grandfathered Opt Out)** – Under this structure, as part of the self-attestation to opt out, individuals would have to attest to having purchased private LTC insurance coverage before July 28, 2019. Individuals who purchased coverage previous to July 28, 2019 would be allowed to opt out of the program during the opt out window. Under Opt Out Structure 2, there is less risk of adverse selection since only individuals who have already purchased private coverage would be able to opt out of the program.

Figure 2 presents the range of required premium assessment rates under the two opt out structures described above. These ranges were informed by the discrete scenarios described in the subsections below, as well as other factors that could cause the potential range to extend beyond the rates for the discrete scenarios, such as higher morbidity for individuals who do not opt out of the program.

Figure 2: Washington Office of the State Actuary Impact of Private Market Opt Out Level Premium Assessment Required		
Test	Level Premium Assessment Required – Current Law (Invest Treasuries)	Level Premium Assessment Required – Alternative (Invest Stocks / Bonds)
Opt Out Structure 1 (Current Law) ¹	0.66% - 0.71%	0.54% - 0.67%
Opt Out Structure 2 (Grandfathered Opt Out)	0.66% - 0.68%	0.54% - 0.57%

¹ For Opt Out Structure 1, the premium assessment could be even higher than the upper end of the ranges if adverse selection is higher than the levels assumed. A potential upper bound could be constructed where all revenue is removed from individuals opting out of the program without any reduction to claims. This approach increases the upper end of the range from 0.71% to 0.81% for the *Current Law (Invest Treasuries)* scenario and from 0.67% to 0.77% for the *Alternative (Invest Stocks / Bonds)* scenario.

Opt Out Structure 1 (Current Law)

Under Opt Out Structure 1, any individual has the option to purchase coverage in the private market and opt out of the LTSS Trust Program during the window from October 1, 2021 through December 31, 2022. Given this structure, we estimate the 2020 Baseline will require a level payroll premium assessment between 0.66% and 0.71% under the Current Law (Invest Treasuries) investment strategy to cover program expenditures over the 75-year period 2022 through 2096. Any time choice or a voluntary aspect to participation is introduced into a program, unpredictability related to participation rates and adverse selection can make rate setting challenging. Given this, we modeled three different discrete participation scenarios related to the private market opt-out. We use the first participation scenario (20% Top Decile, 10% Second Decile Opt Out) for the purposes of creating a base plan as discussed in the section “Key Plan Features of Base Plan.”

1. 20% Top Decile, 10% Second Decile Opt Out

We assume 20% of the top decile of wage earners and 10% of the second decile of wage earners will opt out of the program. We assumed those individuals that opt out earned “average” wages for their decile (i.e., we did not assume the 20% that opted out of top decile were the top 20% of the top decile, but rather average wage earners for that decile). This equates to 3% of wage earners (responsible for approximately 10% of wages in 2022) opting out at the start of the program. We estimate this discrete scenario requires a level premium assessment of 0.66% for the *Current Law (Invest Treasuries)* scenario and 0.55% for the *Alternative (Invest Stocks / Bonds)* scenario.

2. 45% of All Wage Earners Opt Out

For the next two alternatives, we examined private market, stand-alone LTC insurance premiums and carved out individuals for whom it could be cheaper to purchase private market coverage than to pay a 0.58% payroll assessment at the start of the program. For this scenario, we looked at private market coverage with a \$50 daily benefit maximum and no inflation protection. This coverage is intended to represent the “cheapest” available coverage in the private market, and be leaner (i.e., lower daily benefit and no inflation protection) than the coverage offered by the LTSS Trust Program.

When projecting the number of individuals who may opt out of the program for this alternative, we compared private LTC market premium rates to the amount individuals would pay in the form of a payroll premium assessment. For example, if the annual premium available for a 60-year-old in the private market was approximately \$420, we assumed individuals who made more than \$72,400 ($\$420 / 0.58\% = \$72,400$) would opt out of the program. We performed this comparison by age because private market coverage is issue age rated. We projected that approximately 45% of wage earners (responsible for approximately 75% of wages in 2022) would opt out at the start of the program under this alternative.

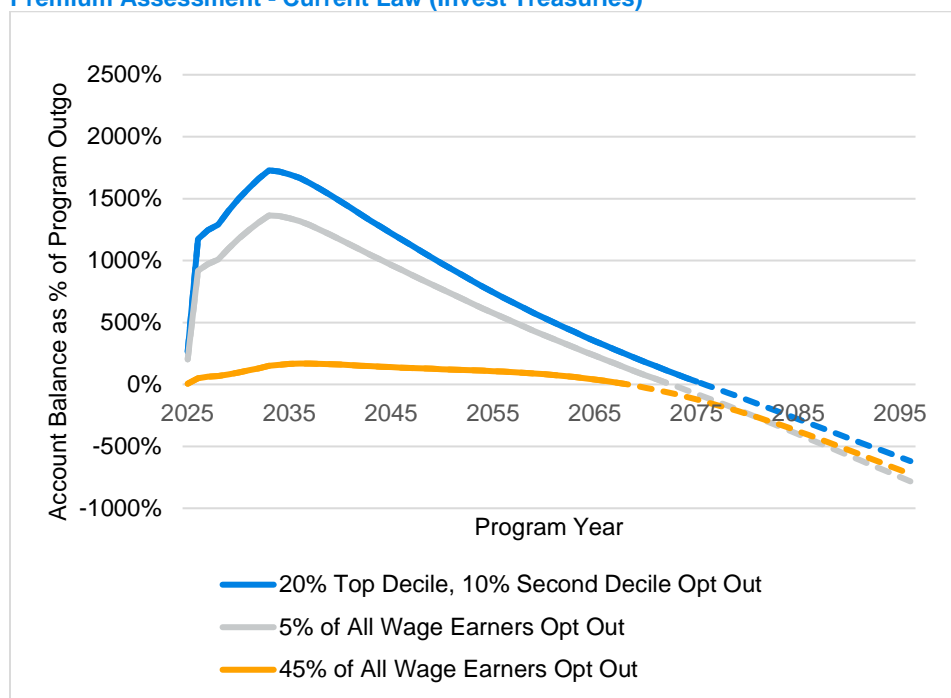
We estimate this discrete scenario requires a level premium assessment of 0.69% for the *Current Law (Invest Treasuries)* scenario and 0.64% for the *Alternative (Invest Stocks / Bonds)* scenario.

3. 5% of All Wage Earners Opt Out

We also performed a test for private market, stand-alone LTC coverage with higher premiums (compared to the “45% of All Wage Earners Opt Out” alternative) using a \$100 daily benefit maximum and annual 3% compound inflation protection. We carved out individuals for whom it could be cheaper to purchase this coverage than to pay a 0.58% payroll assessment at the start of the program. Under this alternative, we projected that approximately 5% of wage earners (responsible for approximately 25% of wages in 2022) would opt out at the start of the program. We estimate this discrete scenario requires a level premium assessment of 0.68% for the *Current Law (Invest Treasuries)* scenario and 0.58% for the *Alternative (Invest Stocks / Bonds)* scenario.

Figures 3 and 4 below show the account balance as a percentage of annual program outgo over the 75-year window under the three private market opt-out scenarios described above. These graphs all assume that a 0.58% payroll premium is assessed. As seen in Figure 3, we project a 0.58% premium rate to be insufficient to keep the program solvent for 75 years under all private market opt-out scenarios under the current law, as we project the program's account balance will be insufficient to pay all scheduled benefits in later years (see dotted line where the account balance as a percentage of program outgo is below zero).

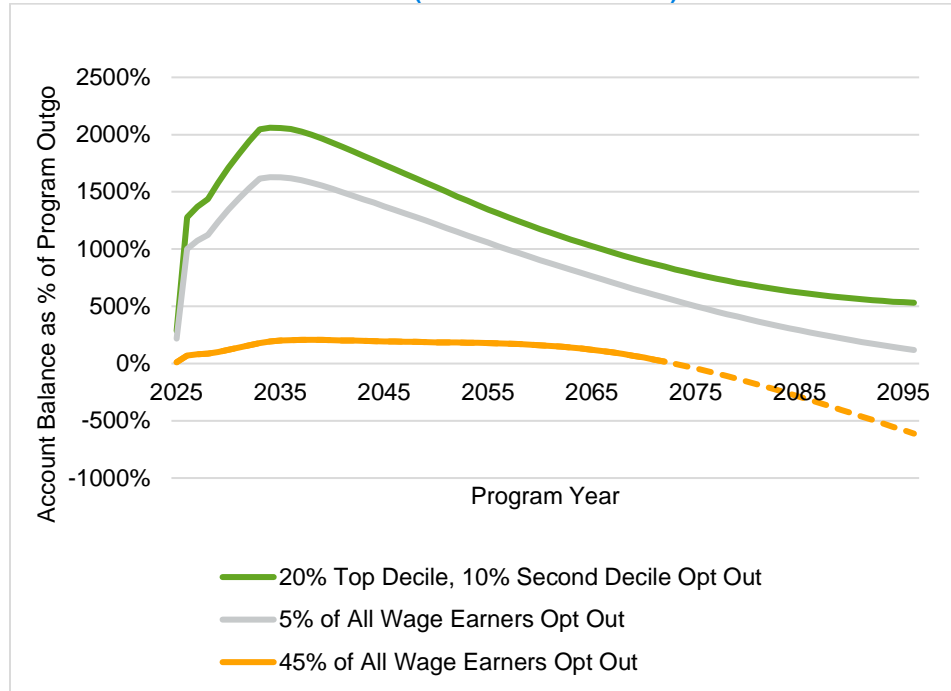
Figure 3: Account Balance as a Percentage of Annual Program Outgo under 0.58% Premium Assessment - Current Law (Invest Treasuries)



Regardless of investment strategy, we expect the “45% of All Wage Earners Opt Out” scenario to be deficient. Under this scenario, we project a large percentage of individuals will opt out at the start of the program. Since it is the higher wage earners that we project to be opting out, we project this opt-out will carve out a larger percentage of wages than participants. Because a larger amount of program revenue is carved out compared to program benefit payments, the program would require a higher premium rate to maintain program solvency for the projection window.

While the opt-out is only available for a limited period of time at the beginning of the program, for the scenarios where a larger percentage of individuals end up opting out, the impact extends throughout the 75-year window. This is especially true for the *Alternative (Invest Stocks / Bonds)* scenario (as seen in Figure 4), where interest rates are higher, and the program is more dependent on prefunding to maintain program solvency. Since the interest rates are lower under the *Current Law (Invest Treasuries)* scenario prefunding is less prevalent and the impact of carving out a percentage of the population in the early years of the projection has less of an impact on program solvency over 75 years, as seen in Figure 3.

Figure 4: Account Balance as a Percentage of Annual Program Outgo under 0.58% Premium Assessment - Alternative (Invest Stocks / Bonds)



While the level of individuals who choose to opt-out of the program is unknown, we “default” to the first participation scenario (20% top decile, 10% second decile opt out) for the purposes of creating a “Base Plan” throughout the remainder of this report. Please note, this participation scenario does not represent the most likely participation scenario. Instead, we create a “Base Plan” as a reference point to evaluate the incremental cost or savings associated with other plan alternatives or assumption sensitivities.

Opt Out Structure 2 (Grandfathered Opt Out)

Under Opt Out Structure 2, only individuals who purchased private LTC insurance coverage before July 28, 2019 would be eligible for the opt out option. Given this structure, we estimate the 2020 Baseline will require a level payroll premium assessment between 0.66% and 0.68% (under the current law investment strategy) to cover program expenditures over the 75-year period 2022 through 2096. There is less risk of adverse selection under this structure, since only individuals who had already purchased coverage before program implementation have the choice to opt out of the program. There is still some risk associated with the “grandfathered” individuals’ choice to opt in or out of the program. As such, we modeled two different discrete participation scenarios related to the private market opt-out.

1. 0% of Grandfathered Opt Out

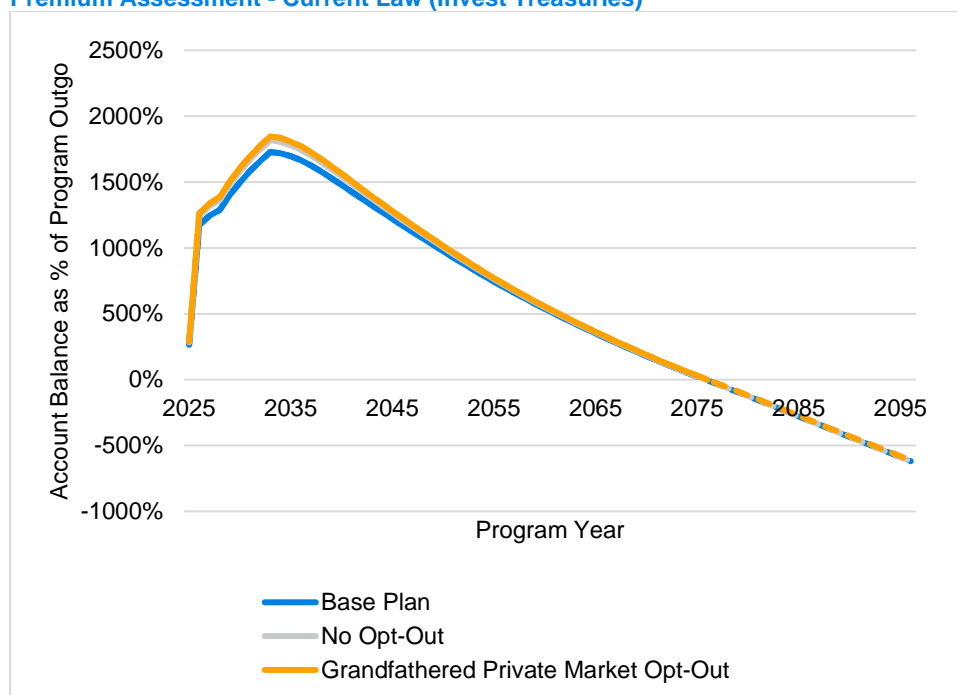
0% of individuals with private market coverage opt out – Under this participation scenario, we assume that no individuals (regardless of ownership of private market coverage) elect to opt out of the program. This scenario would be the equivalent to assuming there is no opt out option. We estimate this discrete scenario requires a level premium assessment of 0.66% for the *Current Law (Invest Treasuries)* scenario and 0.55% for the *Alternative (Invest Stocks / Bonds)* scenario.

2. 100% of Grandfathered Opt Out

100% of individuals with private market coverage opt out – Under this participation scenario, we assume that all individuals with private LTC insurance coverage as of July 28, 2019 elect to opt out of the program. We used a combination of publicly available industry data and proprietary Milliman research to estimate the total count and age-gender distribution of individuals in Washington who currently have private market data. We estimate this discrete scenario requires a level premium assessment of 0.66% for the *Current Law (Invest Treasuries)* scenario and 0.55% for the *Alternative (Invest Stocks / Bonds)* scenario.

Figures 5 and 6 below show the account balance as a percentage of annual program outgo over the 75-year window under the two private market opt-out scenarios described above. These graphs all assume that a 0.58% payroll premium is assessed. As seen in Figure 5, we project a 0.58% premium rate to be insufficient to keep the program solvent for 75 years under all private market opt-out scenarios under the current law, as we project the program's account balance will be insufficient to pay all scheduled benefits in later years (see dotted line where the account balance as a percentage of program outgo is below zero).

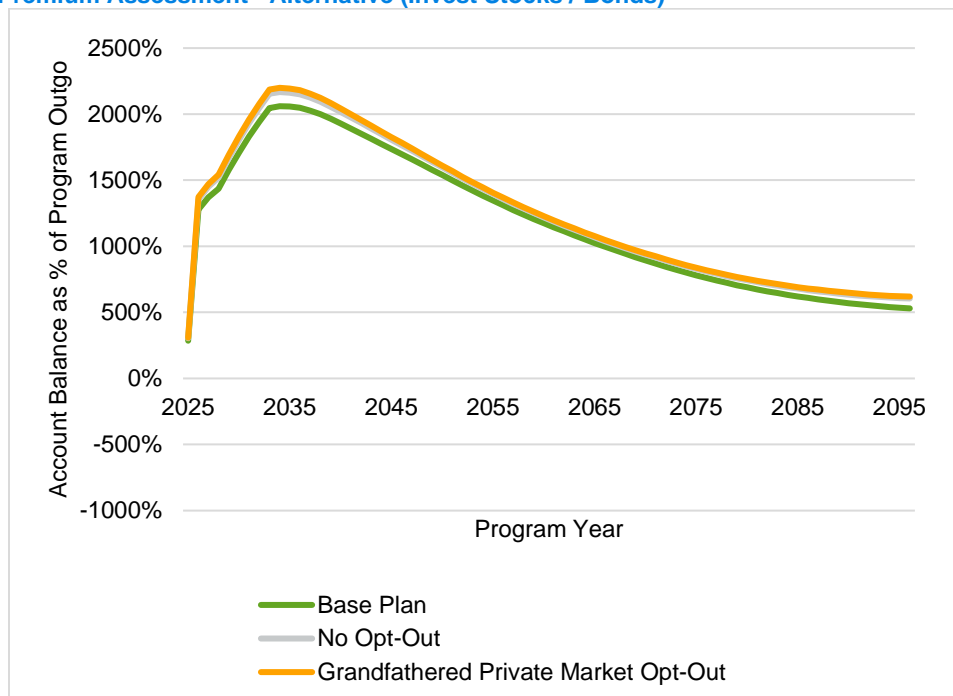
Figure 5: Account Balance as a Percentage of Annual Program Outgo under 0.58% Premium Assessment - Current Law (Invest Treasuries)



Note: 0% of Grandfathered Opt Out and 100% of Grandfathered Opt Out produce similar results, causing the lines of the graph to have very little separation.

Alternatively, as seen in Figure 6 if the program can also invest in stocks and bonds, we project a premium assessment of 0.58% to be sufficient to maintain the program's solvency for 75 years. We project both discrete scenarios under Opt Out Structure 2 (Grandfathered Opt Out) to produce similar results as the Base Plan, which assumes that 20% of the top decile of wage earners and 10% of the second decile of wage earners will opt out of the program (consistent with one of the discrete scenarios for Opt Out Structure 1 (Current Law)).

Figure 6: Account Balance as a Percentage of Annual Program Outgo under 0.58% Premium Assessment - Alternative (Invest Stocks / Bonds)



Note: 0% of Grandfathered Opt Out and 100% of Grandfathered Opt Out produce similar results, causing the lines of the graph to have very little separation.

Impact of Self-Employed Opt-In

The current statute allows participation for self-employed individuals to be fully voluntary, where they are only enrolled after “opting in” to the program. Any time choice or a voluntary aspect to participation is introduced into a program, unpredictability related to participation rates and adverse selection can make rate setting challenging. Given this, we modeled three different participation scenarios related to the self-employed opt-in. We use the second participation scenario (10% Wages, 100% Benefits) for the purposes of creating a base plan as discussed in the section “Key Plan Features of Base Plan.”

1. 0% Wages, 100% Benefits

We assume the program collects no premium assessments from self-employed individuals, but pays program benefits as if 100% of self-employed individuals opt into the program. This is the most conservative example and could be considered a “bound,” since in reality if individuals opt into the program to receive benefits, they will have to contribute some level of premium assessment. We estimate this discrete scenario requires a level premium assessment of 0.67% for the *Current Law (Invest Treasuries)* scenario and 0.56% for the *Alternative (Invest Stocks / Bonds)* scenario.

2. 10% Wages, 100% Benefits

We assume the program collects premium assessments on 10% of wages from self-employed individuals, but pays program benefits as if 100% of self-employed individuals opt into the program. Since self-employed individuals will have the choice to opt in or out of the program, it is possible that this group will contribute less in premiums than the program will pay out to them in benefits. This is due to two factors:

- a. Any time choice is introduced into a program, there is the potential for adverse selection. In this circumstance, self-employed individuals who are unhealthy may be more likely to opt into the program than healthy individuals.

- b. While the rest of the population will be mandated to contribute a payroll assessment each wage-earning year of the program, self-employed individuals could be selective about when they choose to participate and contribute a premium assessment. For example, they may choose to only opt in for the minimum years necessary to become vested (i.e., 10 years) instead of contributing for their full working life. If they elect to only contribute for a limited number of years, they may select which years to contribute based on how much they make in a year (i.e., they “participate” in the program in years where their wages are lower to contribute as little as possible to the program). The final structure and administration of the self-employed opt-in will dictate the extent to which self-employed individuals can control their contributions to the program.

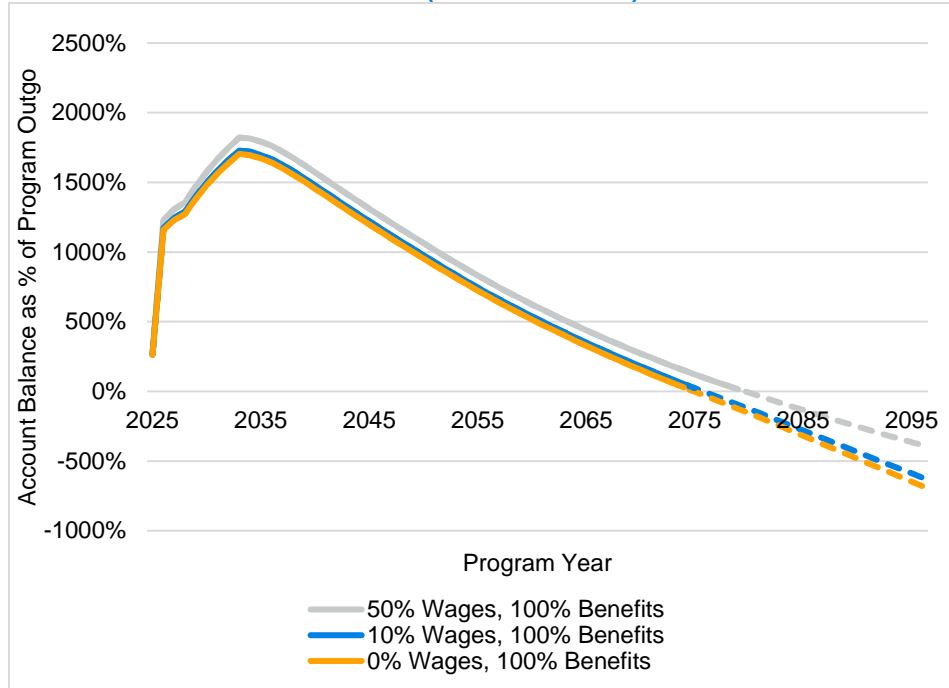
We estimate this discrete scenario requires a level premium assessment of 0.66% for the *Current Law (Invest Treasuries)* scenario and 0.55% for the *Alternative (Invest Stocks / Bonds)* scenario.

3. 50% Wages, 100% Benefits:

We assume the program collects premium assessments on 50% of wages from self-employed individuals, but pays program benefits as if 100% of self-employed individuals opt into the program. Since this example assumes the program will be able to collect a larger amount of premiums from self-employed individuals than either of the other two examples, this is the example that leaves the account in the most sufficient position. We estimate this discrete scenario requires a level premium assessment of 0.64% for the *Current Law (Invest Treasuries)* scenario and 0.53% for the *Alternative (Invest Stocks / Bonds)* scenario.

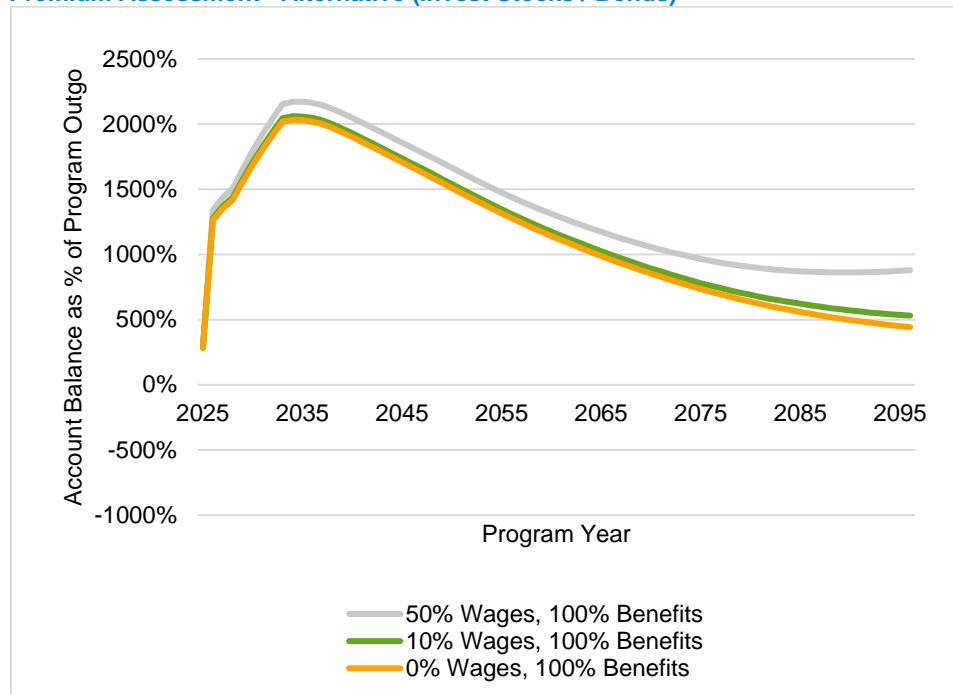
Figures 7 and 8 below show the account balance as a percentage of annual program outgo over the 75-year window under the three self-employed opt-in participation scenarios described above. These graphs all assume that a 0.58% payroll premium is assessed. As seen in Figure 7, we project a 0.58% premium rate to be insufficient to keep the program solvent for 75 years under all self-employed opt-in scenarios under the current law, as the program’s account balance will be insufficient to pay all scheduled benefits in later years (see dotted line where the account balance as a percentage of program outgo is below zero).

Figure 7: Account Balance as a Percentage of Annual Program Outgo under 0.58% Premium Assessment - Current Law (Invest Treasuries)



Alternatively, as seen in Figure 8 if the program can also invest in stocks and bonds, we project a premium assessment of 0.58% to be sufficient to maintain the program's solvency for 75 years. We project the self-employed participation could have a large impact on the level of solvency. The more wages that are collected relative to benefit payments for self-employed individuals, the higher the projected account balance.

Figure 8: Account Balance as a Percentage of Annual Program Outgo under 0.58% Premium Assessment - Alternative (Invest Stocks / Bonds)



While the level of self-employed individuals who choose to participate in the program is unknown, we “default” to the first participation scenario (10% Wages, 100% Benefits) for the purposes of creating a “Base Plan” throughout the remainder of this report. Note, this participation scenario does not represent the most likely participation scenario. Instead, we create a “Base Plan” as a reference point to evaluate the incremental cost or savings associated with other plan alternatives or assumption sensitivities.

For reference, we also tested if 100% of wages and benefits are included for self-employed individuals. This produces a revised premium rate of 0.61% for the *Current Law (Invest Treasuries)* scenario and 0.51% for the *Alternative (Invest Stocks / Bonds)* scenario.

POPULATION COVERAGE EXPLANATION

This program is designed to provide a public long-term care insurance benefit for current, or future, program-eligible individuals (based on requirements below). Eligibility criteria are crucial assumptions in estimating the benefit payments from this program. It is important to understand the population eligible for benefits, given the following program specifications:

- **Benefit age eligibility:** The LTSS Trust Program provides benefits to individuals who are 18 and older. Given the vesting requirements, this does not have a large impact on the eligible population, as we do not expect individuals under age 18 to have worked long enough to vest.
- **Disability onset:** Individuals under age 18 with disabilities and individuals who were disabled prior to age 18 are not eligible to receive benefits under the program. These individuals typically receive benefits from other state-funded programs.

- Vesting requirements: To be eligible for benefits, individuals must pay the premium assessment for a specified number of years, known as the vesting period. Therefore, individuals who never work will not vest. Similarly, individuals who are already retired or nearing retirement will likely not be eligible to receive benefits under the program.
- Individual coverage: The program does not allow spousal or other family member coverage. Only the vested individual is covered.
- Private market opt-out: Current legislation is designed to allow individuals to opt out of the program over the course of a window from October 1, 2021 through December 31, 2022 given they self-attest to having private market long-term care coverage. Any time choice or a voluntary aspect to participation is introduced into a program, unpredictability related to participation rates and adverse selection can make rate setting challenging. Given this, we present the Baseline premium rates under several different participation scenarios related to the private market opt-out.
- Self-employed opt-in: Current legislation is designed to allow participation for self-employed individuals to be fully voluntary, where they are only enrolled after “opting-in” to the program. As with the private market opt-out, any time choice or a voluntary aspect to participation is introduced into a program, unpredictability related to participation rates and adverse selection can make rate setting challenging. Given this, we present the Baseline premium rates under several different participation scenarios related to the self-employed opt-in.

KEY PLAN FEATURES OF BASE PLAN

The 2020 Base Plan was modeled based off the features outlined below. To the extent details on program features were not included in the final law, we relied upon feedback from OSA and DSHS for the parameters to model. Tests regarding alternative plan variations compared with the 2020 Base Plan are discussed in Sections III of the report.

- Comprehensive covered services (similar to private market).
 - Institutional settings.
 - Includes skilled, intermediate, and custodial care provided in an institutional facility setting, such as a nursing home or dedicated wing of a hospital.
 - Home and community-based settings.
 - Includes care provided in a person’s own home or in a community-based setting, such as an assisted living facility or adult family home.
- Minimum age requirement for participation of 18, disabled after 18.
 - Individuals are not eligible for program benefits until they turn age 18 and are not eligible for program benefits if they were disabled before age 18.
- Benefit eligibility (i.e., “benefit trigger”).
 - Individuals who have vested can draw benefits once they require assistance with a minimum number of activities of daily living (ADLs) or severe cognitive impairment. RCW 50B.04 currently defines the benefit eligibility criteria as requiring assistance with at least three ADLs. Since this definition requires further clarification, for the purposes of this actuarial study we assumed the type and minimum number of ADLs considered by care setting will be consistent with the current definitions used under the State of Washington Medicaid program⁵.
- Starting pool of benefit dollars of \$36,500, indexing at 2.5% per year.
 - The pool of money can be used over an individual’s lifetime. The pool of money grows each year tied to a consumer price index, which we assume to be 2.5% annually.

⁵ Medicaid Personal Care (MPC) and nursing facility care (NFC) eligibility requirements can be accessed at the following websites:
<https://apps.leg.wa.gov/wac/default.aspx?cite=388-106-0210>
<https://apps.leg.wa.gov/wac/default.aspx?cite=388-106-0355>

- No daily benefit cap.
 - In the absence of a daily benefit cap, we assume individuals will spend the average cost of care per day observed in the private market for receiving benefits.
- Reimbursement benefit structure.
 - Benefits are paid only as reimbursement for an individual's actual expenses incurred.
- Elimination period of 45 days.
 - Benefit payment commences following satisfaction of a one-time “deductible” period of 45 consecutive days during which the individual has a qualifying level of disability meeting the benefit eligibility trigger.
- Vesting by premium assessment payments in three of last six years, or 10 years total.
 - To be eligible for benefits, individuals must pay the premium assessment for a specified number of years, known as the vesting period. Vesting is considered satisfied if payroll premium assessment payments were made in three of the last six years, or in 10 total years during an individual's work history.
- No portability.
 - Only individuals living in the state of Washington are eligible for benefits.
- Program revenue source is payroll premium assessment on wages.
 - Financing for the program will come solely from premium assessment payments. There are no premiums required once an individual no longer receives wages.
- Administrative load of 3.5% of income and 3.5% of benefits.
 - To cover the expenses of administering the program, administrative loads are applied to the program's expected income and benefit payments.
- Private Market Opt-Out.
 - Current legislation is designed to allow individuals to opt out of the program over the course of a window from October 1, 2021 through December 31, 2022 given they self-attest to having private market long-term care coverage. While the level of individuals who choose to opt-out of the program is unknown, for the purposes of creating a Base Plan we assume that 20% of the top decile of wage earners and 10% of the second decile of wage earners will opt out of the program. This assumption was determined by DSHS.
- Self-Employed Opt-In.
 - Current legislation is designed to allow participation for self-employed individuals to be fully voluntary, where they are only enrolled after “opting in” to the program. While the level of individuals who choose to participate in the program is unknown, for the purposes of creating a Base Plan we assume that the program will collect 10% of self-employed wages, but 100% of benefits will be paid (as a proxy for adverse selection considerations). This assumption was selected through conversations with OSA and DSHS.

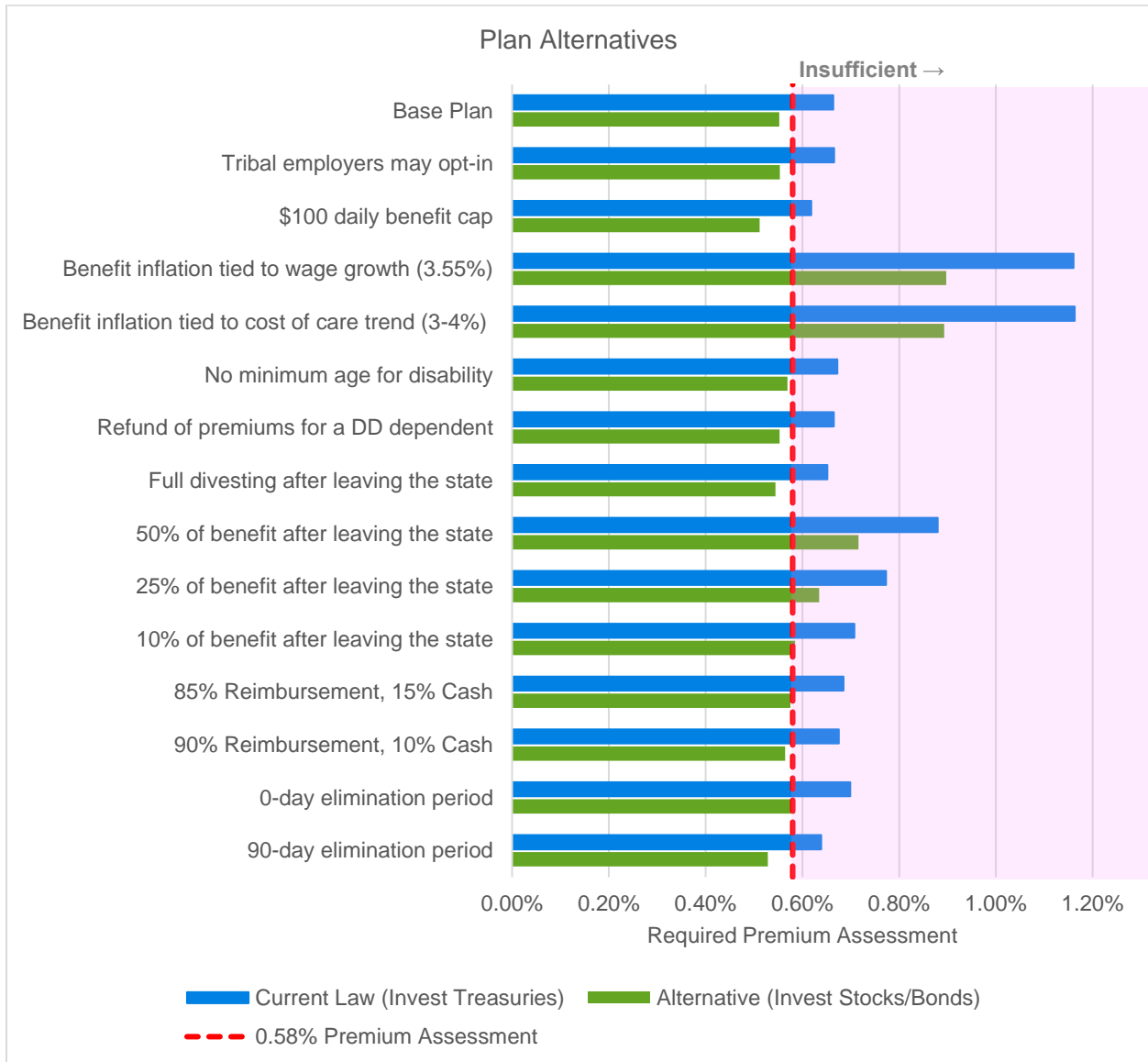
III. PLAN ALTERNATIVES

Figure 9 shows the additional design alternatives tested compared with the assumed 2020 Base Plan, as described in the prior section. A description of each test is provided in detail in the subsections below, as well as in Exhibit 1.

The bars shown in Figure 9 represent the payroll premium assessment required to fund the program over a 75-year window for different program alternatives. We calculate the required rates under both investment strategy scenarios, where the blue bars show the required rates for the *Current Law (Invest Treasuries)* strategy and the green bars represent the required rates for the *Alternative (Invest Stocks / Bonds)* strategy. The red line represents the maximum premium assessment prescribed by current law of 0.58%. Bars that pass the red line represent alternatives where the current premium assessment of 0.58% is not sufficient to cover expected benefit payments for all 75 years of program window. The required premium assessments for each alternative are also included in Exhibits 2a and 2b.

It is worth noting that for every alternative shown in Figure 9, the 0.58% premium rate is not expected to be sufficient under the *Current Law (Invest Treasuries)* strategy (i.e., every blue bar passes beyond the red line). Conversely, for the majority of alternatives, we project the 0.58% payroll assessment would be sufficient under the *Alternative (Invest Stocks / Bonds)* strategy. The extent to which the 0.58% premium rate is sufficient (or the implied cushion or “margin” of the alternative) varies between alternatives. Additionally, there are several scenarios that would be deficient even if the program is able to invest in stocks and bonds, specifically alternatives where the benefit inflation is increased (which has a large impact on the value of benefits over the lifetime of the program) and alternatives where portability is less restrictive for vested individuals who choose to move out of Washington.

Figure 9: Required Premium Assessment for Plan Alternatives



TRIBAL EMPLOYERS OPT-IN ALTERNATIVE

Under the Base Plan, tribal employers are excluded from the premium assessment and, thus, would not be eligible for coverage under the LTSS Trust Program. This test examines the impact of including 100% of these individuals in the premium assessment and benefits payout.

According to the Washington Indian and Gaming Association’s 2019 report titled *The Economic & Community Benefits of Tribes in Washington*, there were nearly 31,000 individuals employed by tribal organizations in 2018. Because tribal employees make up a small proportion of total wage earners in Washington, this alternative has a negligible impact to the premium assessment compared to the Base Plan.

DAILY BENEFIT CAP ALTERNATIVE

A \$36,500 pool of money (in 2025, indexed with inflation) is prescribed under the Base Plan, but program participants are not restricted to any daily benefit maximum cap. Therefore, we assume individuals will spend the average daily

cost of care in Washington observed in the private market under the Base Plan. This alternative tests the impact of capping the daily benefit allowance at \$100, indexed with inflation—where the \$100 cap is well below the average daily cost of care in either a facility or home setting.

Figure 10a:
Washington Office of the State Actuary
Plan Alternatives - Current Law (Invest Treasuries)
Level Premium Assessment Required

Test	Level Premium Assessment Required	% Change from Base Plan
Base Plan	0.66%	N/A
\$100 daily benefit maximum	0.62%	-0.05%

Figure 10b:
Washington Office of the State Actuary
Plan Alternatives - Alternative (Invest Stocks / Bonds)
Level Premium Assessment Required

Test	Level Premium Assessment Required	% Change from Base Plan
Base Plan	0.55%	N/A
\$100 daily benefit maximum	0.51%	-0.04%

REVISED COST OF CARE PROTECTION ALTERNATIVES

These alternatives calculate the premium assessment required if benefits are inflated differently. The Base Plan assumes that the \$36,500 pool of money (as of 2025) will be inflated at a rate consistent with a Consumer Price Index (CPI), or general inflation – assumed to be 2.5%. The two tests shown below instead inflate benefits consistently with assumed future long-term wage growth (3.55%) and assumed future cost of care inflation (4% for care delivered in a facility setting and 3% for care delivered in a home setting).

As seen in Figure 9, changes to benefit indexing have the largest impact on the premium rate out of all the plan alternatives tested as part of this study. When the benefits are indexed at a rate lower than the rate of increase to wages, as we assume they are with the Baseline, the benefits are less “expensive” over time relative to the funding source. Increasing indexing to be more in line with wage growth (as with the tests presented in Figures 11a and 11b) causes the program benefits and revenues to grow faster, and ultimately makes the benefits more expensive over time relative to the funding source.

Additionally, as seen in Figures 11a and 11b below, the impact of changing the benefit inflation is different depending on the assumed investment strategy. In general, alternatives which significantly change the shape of the benefit payments as a percentage of the funding source (such as increasing the wage growth, which makes the benefit payments as percentage of the premium rate steeper) may affect the premium rates under the investment strategy scenarios differently. The steeper the growth in benefit payments is, the more pre-funding is needed, if funding through a level premium rate. The *Alternative (Invest Stocks / Bonds)* scenario is more effective at pre-funding since it produces a significantly higher interest rate.

Figure 11a:
Washington Office of the State Actuary
Plan Alternatives - Current Law (Invest Treasuries)
Level Premium Assessment Required

Test	Level Premium Assessment Required	% Change from Base Plan
Base Plan	0.66%	N/A
Benefit inflation tied to wage growth (3.55%)	1.16%	0.50%
Benefit inflation tied to cost of care trend (3 to 4%)	1.16%	0.50%

Figure 11b:
Washington Office of the State Actuary
Plan Alternatives - Alternative (Invest Stocks / Bonds)
Level Premium Assessment Required

Test	Level Premium Assessment Required	% Change from Base Plan
Base Plan	0.55%	N/A
Benefit inflation tied to wage growth (3.55%)	0.90%	0.35%
Benefit inflation tied to cost of care trend (3 to 4%)	0.89%	0.34%

MINIMUM AGE FOR ELIGIBILITY ALTERNATIVE

The Base Plan requires individuals to be age 18 or older before becoming benefit-eligible and receiving benefits. DSHS requested to consider two alternatives related to the minimum age for benefits as specified in language in the LTSS Trust Act:

1. No minimum age for disability: This alternative models the premium assessment impact of additionally covering intellectually and developmentally disabled individuals (i.e., individuals who were born with a disability or developed a disability before age 18), while the payout of any benefits would still be restricted until enrollees reach age 18. Since the same vesting requirements are still in place and we expect a relatively small percentage of the intellectually and developmentally disabled population to become vested, the impact to the premium rate for extending benefits to these individuals is estimated to be relatively small as shown in the figures below.
2. Refund of premiums for a developmentally disabled (DD) dependent: Under this alternative, if a vested individual with a developmentally disabled dependent becomes deceased, their premium would be refunded into a trust for the dependent. It is our understanding that the premiums are only eligible to be refunded if the vested individual does not receive LTSS services preceding death. We expect the impact of this refund to be very small as a result of:
 - a. The low rates of healthy mortality for the cohort of people we expect may have a developmentally disabled dependent.
 - b. The low rate of having a developmentally disabled dependent.

Figure 12a:
Washington Office of the State Actuary
Plan Alternatives - Current Law (Invest Treasuries)
Level Premium Assessment Required

Test	Level Premium Assessment Required	% Change from Base Plan
Base Plan	0.66%	N/A
No minimum age for disability	0.67%	0.01%
Refund of premiums for a DD dependent	0.67%	<0.01%

Figure 12b:
Washington Office of the State Actuary
Plan Alternatives - Alternative (Invest Stocks / Bonds)
Level Premium Assessment Required

Test	Level Premium Assessment Required	% Change from Base Plan
Base Plan	0.55%	N/A
No minimum age for disability	0.57%	0.02%
Refund of premiums for a DD dependent	0.55%	<0.01%

DIVESTING / PORTABILITY ALTERNATIVES

The portability / divesting alternatives consider whether individuals who leave the state of Washington will retain vesting in the LTSS benefit and for how long. For the Base Plan, only Washington residents are eligible for program benefits; however, we assume that if an individual returns to the Washington within five years of leaving, they will retain their vested status obtained through their previous Washington residency. This alternative testing considers the following divesting scenarios:

1. If a person leaves the state for any period of time, they are no longer eligible. This is similar to the Base Plan, where only individuals who are living in Washington are vested; however, it also assumes that an individual will immediately divest once they move out of the state. In other words, if they move out of Washington and then return to the state their prior vesting history will not be retained. Since this will allow fewer people to have access to benefits, the required revenue is less for this alternative.
2. If a person leaves the state for five years, they are no longer eligible. We did not have data available to determine the probability of leaving the state and returning within five years, as opposed to returning after five years. We estimate the level premium assessment required for this alternative would land somewhere between the bounds of the Base Plan and the “full divesting after leaving the state” alternative.
3. If someone has left the state, they can receive 50% of the baseline pool of money. Since this alternative allows individuals who have migrated out of the state to retain some of their benefits (as opposed to the Base Plan, where only Washington residents are eligible for benefits), the revenue required is higher for this alternative, as well as the following two alternatives.
4. If someone has left the state, they can receive 25% of the baseline pool of money.
5. If someone has left the state, they can receive 10% of the baseline pool of money.

Figure 13a:
Washington Office of the State Actuary
Plan Alternatives - Current Law (Invest Treasuries)
Level Premium Assessment Required

Test	Level Premium Assessment Required	% Change from Base Plan
Base Plan	0.66%	N/A
Full divesting after leaving the state	0.65%	-0.01%
Full divesting after leaving the state for 5 years	0.65% to 0.66%	N/A
50% of benefit after leaving the state	0.88%	0.22%
25% of benefit after leaving the state	0.77%	0.11%
10% of benefit after leaving the state	0.71%	0.04%

Figure 13b:
Washington Office of the State Actuary
Plan Alternatives - Alternative (Invest Stocks / Bonds)
Level Premium Assessment Required

Test	Level Premium Assessment Required	% Change from Base Plan
Base Plan	0.55%	N/A
Full divesting after leaving the state	0.54%	-0.01%
Full divesting after leaving the state for 5 years	0.54% to 0.55%	N/A
50% of benefit after leaving the state	0.72%	0.16%
25% of benefit after leaving the state	0.63%	0.08%
10% of benefit after leaving the state	0.59%	0.03%

BENEFIT STRUCTURE ALTERNATIVES

Benefit structure alternatives consider the method in which benefit payments will be disbursed to recipients. The Base Plan assumes a reimbursement method is used, under which individuals are reimbursed for actual expenses incurred for approved services.

The two alternatives modeled here consider a more flexible “reimbursement with partial cash” benefit structure. In practice, this structure would allow the state of Washington more flexibility to provide and approve services, such as support for unpaid family caregivers, training and education, and others. As a proxy, to model this alternative, we blend the results for a reimbursement and cash benefit structure. The first alternative below uses an 85% / 15% blend, and the second alternative uses a 90% / 10% blend for reimbursement versus cash, respectively. Benefit utilization is higher when a cash benefit is offered, so adding a cash component to the benefit increases the revenue required to finance the program.

Figure 14a:
Washington Office of the State Actuary
Plan Alternatives - Current Law (Invest Treasuries)
Level Premium Assessment Required

Test	Level Premium Assessment Required	% Change from Base Plan
Base Plan	0.66%	N/A
85% Reimbursement, 15% Cash	0.69%	0.02%
90% Reimbursement, 10% Cash	0.68%	0.01%

Figure 14b:
Washington Office of the State Actuary
Plan Alternatives - Alternative (Invest Stocks / Bonds)
Level Premium Assessment Required

Test	Level Premium Assessment Required	% Change from Base Plan
Base Plan	0.55%	N/A
85% Reimbursement, 15% Cash	0.58%	0.02%
90% Reimbursement, 10% Cash	0.56%	0.01%

ELIMINATION PERIOD ALTERNATIVES

The elimination period is the number of days after becoming benefit-eligible that a beneficiary must wait before receiving benefits. It is analogous to a deductible on a medical insurance policy. During the elimination period, individuals are responsible for paying for LTSS needs out-of-pocket. Coordination of benefits with other private and public programs (such as Medicaid) would need to be further defined while implementing this program. For the purposes of this actuarial study, we assumed that individuals would be able to use resources, such as Medicaid and, in some instances Medicare, to pay for out-of-pocket costs during their elimination periods.

The Base Plan assumes a 45-day elimination period. The alternatives test the premium assessment impact of modifying the elimination period to be 0 days or 90 days. Changing the program elimination period helps illustrate the trade-off of program costs versus requiring individuals to pay more LTC costs up-front in the form of a deductible. The length of the period could be financially difficult for the low-income population that has paid enough premiums to vest in the benefit, but lacks sufficient resources to pay for necessary LTSS during the elimination period. Depending on care setting and severity of LTSS need, the costs of self-funding long-term care during the deductible period could be significant.

Figure 15a:
Washington Office of the State Actuary
Plan Alternatives - Current Law (Invest Treasuries)
Level Premium Assessment Required

Test	Level Premium Assessment Required	% Change from Base Plan
Base Plan	0.66%	N/A
0-day elimination period	0.70%	0.04%
90-day elimination period	0.64%	-0.03%

Figure 15b:
Washington Office of the State Actuary
Plan Alternatives - Alternative (Invest Stocks / Bonds)
Level Premium Assessment Required

Test	Level Premium Assessment Required	% Change from Base Plan
Base Plan	0.55%	N/A
0-day elimination period	0.58%	0.03%
90-day elimination period	0.53%	-0.02%

VESTING ALTERNATIVE

The current legislation defines the vesting requirement as paying the LTSS premiums:

- a. A total of ten years without interruption of five or more consecutive years; or
- b. Three years within the last six years.

It is our understanding that some in Washington have interpreted the above as meaning if anyone has ever satisfied this requirement they become permanently vested. In other words, if an individual contributes the LTSS premium for three years in a six year period, they are not just vested for the six years immediately surrounding the three years of contribution, but will remain vested for the remainder of the individual's life regardless of if they continue to earn wages or not. This interpretation is not consistent with how we modeled the vesting requirement, but we performed a test to see the impact of adjudicating the vesting requirement under this interpretation. Additionally, per OSA and DSHS' request, we modeled an alternative where the "3 of any 6" interpretation (as opposed to the "3 of the last 6" interpretation) is only applied to individuals born before 1960.

Figure 16a:
Washington Office of the State Actuary
Plan Alternatives - Current Law (Invest Treasuries)
Level Premium Assessment Required

Test	Level Premium Assessment Required	% Change from Base Plan
Base Plan	0.66%	N/A
"3 of any 6 years" vesting requirement	0.67%	0.01%
"3 of any 6 years" vesting for those born before 1960 requirement	0.67%	<0.01%

Figure 16b:
Washington Office of the State Actuary
Plan Alternatives - Alternative (Invest Stocks / Bonds)
Level Premium Assessment Required

Test	Level Premium Assessment Required	% Change from Base Plan
Base Plan	0.55%	N/A
"3 of any 6 years" vesting requirement	0.56%	0.01%
"3 of any 6 years" vesting for those born before 1960 requirement	0.56%	<0.01%

IV. RATE SETTING CONSIDERATIONS

Milliman's work, including the 2016 feasibility study, 2018 feasibility study, as well as the estimates in this 2020 study, are for feasibility study purposes only and not intended, and should not be used, for setting the program rate. When considering rate setting, one of the most important items that needs to be explored beyond feasibility studies is the appropriate level of cushion or "margin." In other words, an insurance program should consider how much additional premium or program funds should be set aside for situations where actual experience emerges differently than expected assumptions.

The following considerations can help serve as a starting point for determining the level of margin:

- Sensitivity and variability in key long-term assumptions
- Ongoing monitoring of the program and the program's ability to adjust
- Desired risk level and financial goals for the program

Additional factors may also be applicable. The level of margin should be examined in consideration of actuarial standards of practice.

ASSUMPTION SENSITIVITIES

When determining the appropriate level of margin for the program, it is important to understand the largest unknowns that could impact the future of the program. For Washington, these unknowns largely fall into two categories: uncertainty related to final program parameters, and uncertainty related to how actual experience will vary from long-term assumptions used in modeling.

While many of the program parameters are defined in RCW 50B.04, there is still uncertainty surrounding how several key program parameters will be defined and administered, including:

- Investment strategy
- Private insurance opt-out
- Self-employed opt-in
- Benefit eligibility trigger
- Elimination period

The first three parameters listed above are explored in Section II of this report, as variations of these program parameters dictate what we establish as the range of Baseline premium rates.

The required premium rate is also highly sensitive to the underlying projection assumptions used in the modeling. To the extent actual experience varies from the assumptions we have modeled, the account balance and required revenue to maintain program solvency will also vary. To understand the impact of the variance and impact of these assumptions, we model assumption sensitivities, which can be found in Section V of this report. The results of the testing should be taken into consideration when setting the rate for the LTSS Trust Program and determining the desired level of margin. The sensitivity of the program results under different conditions and the program's ability to adjust features when experience materializes differently from what has been expected is a key step to inform rate setting.

MONITORING AND ADJUSTING PROGRAM

One factor that will impact the appropriate amount of margin is the program's ability to monitor and adjust the program over time. If the program can closely monitor experience and easily react by adjusting benefits or revenue, less margin is likely needed. If levers, such as adjusting program benefits or the premium rate, are not available, a larger amount of margin is likely appropriate to handle adverse events.

Something the LTSS Trust Program should consider is the appropriate frequency of monitoring. Major LTC programs, such as CalPERS and the Federal LTC insurance program regularly report on experience and funded status of the program. The Federal program reports every six months and CalPERS provides a funded status report annually. The analyses typically include sensitivity to various assumptions, such as interest rates, morbidity, and mortality.

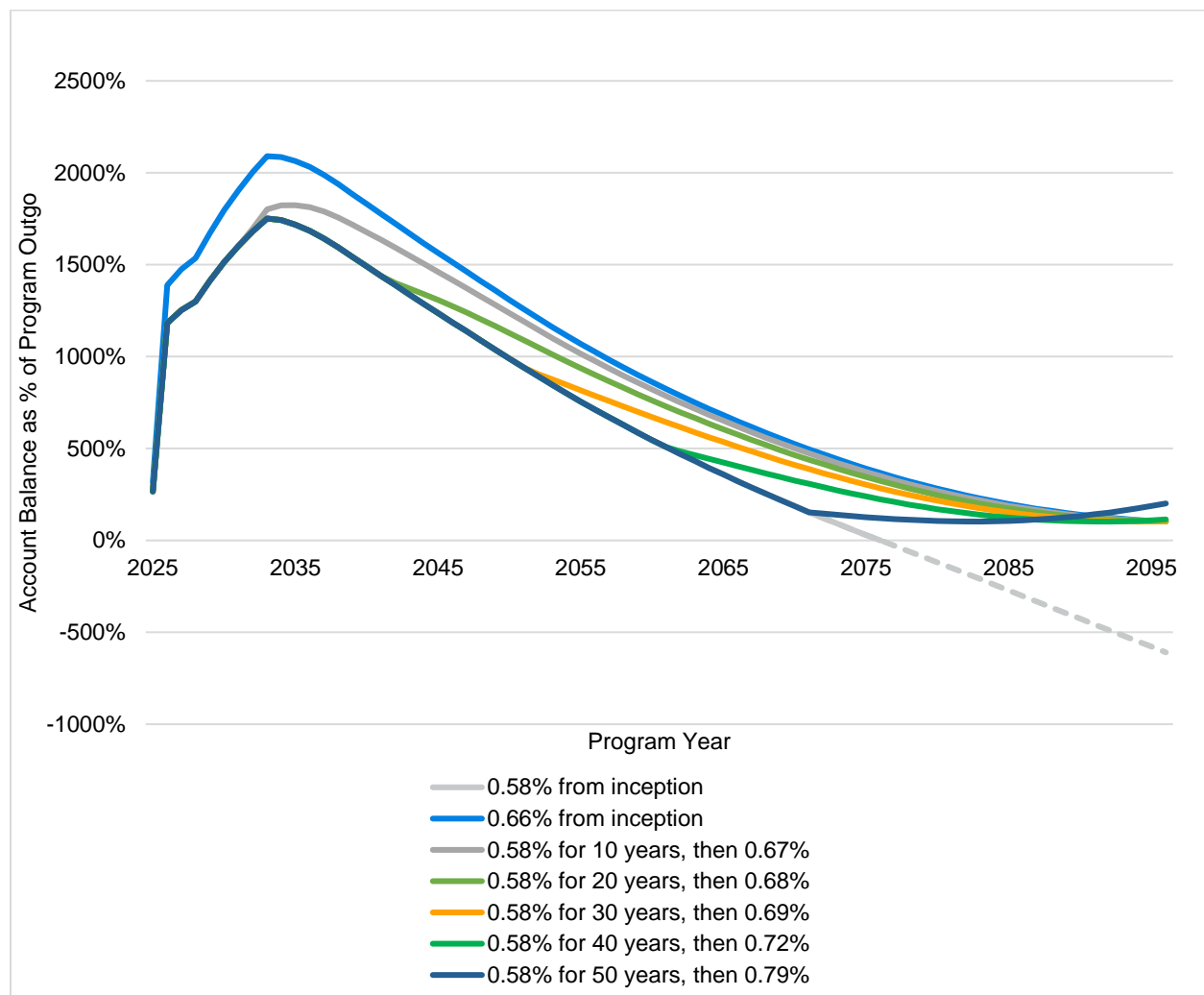
Monitoring the program more frequently will give the LTSS Trust Program the ability to react sooner to emerging experience. As shown in the Figures 17 and 18 below, the sooner the program reacts the less drastic of a reaction it will have to take. For this example, we assumed the program only invested in Treasuries and the program began in 2022 with a premium rate of 0.58% consistent with current law. As described earlier in our report, note that under the

Current Law (Invest Treasuries) scenario we project a premium rate of 0.66% would be required to maintain program solvency over 75 years. The more years the program waits to “course correct,” the higher the new premium rate is required to be to keep the program solvent through its remaining years. The values in Figure 17 are calculated over a 75-year period that ends in 2097. An alternative approach could examine the impact of a rolling 75-year period. A rolling 75-year period could yield different results depending on the long-term assumptions past year 2097.

Figure 17
Washington Office of the State Actuary
Assumption Sensitivities - Current Law (Invest Treasuries)
Level Premium Assessment Required

Test	Future Premium Assessment Required
0.66% from inception	0.66%
0.58% for 10 years, then 0.67%	0.67%
0.58% for 20 years, then 0.68%	0.68%
0.58% for 30 years, then 0.69%	0.69%
0.58% for 40 years, then 0.72%	0.72%
0.58% for 50 years, then 0.79%	0.79%

Figure 18: Account Balance as a Percentage of Annual Program Outgo – Current Law (Invest Treasuries)



DESIRED RISK LEVEL AND FINANCIAL GOALS

In order to determine the appropriate level of margin, it is also important for the program's stakeholders and advisers to determine its desired level of risk and establish the program's financial goals. As the program is structured as a pay-as-you-go social insurance plan (with some pre-funding), the level of conservatism used in setting benefits and premiums will impact cohorts differently. A more conservative approach to setting benefits relative to premiums may benefit later cohorts more than early cohorts. Similarly, a more aggressive approach to pricing may put more risk on later cohorts – if results are worse than priced for, later cohorts will receive less benefits or pay more premiums. It is our understanding that a broader discussion about financial goals and rate setting considerations will be an agenda item at the LTSS Trust Commission Meeting on October 20, 2020. Questions that the Commission may want to consider include:

1. What does “success” look like for the LTSS Trust Program?
2. What metrics can be used to evaluate the program's success on an ongoing basis?
3. How can consumers be confident that the program will indeed deliver what was promised? Should ensuring consumer confidence be a priority of the program?
4. How does the program ensure the funds invested are used appropriately?
5. How should the program interact with existing private insurance and public programs? How can this be evaluated?

Determining questions like the above will help determine the proper rate setting framework to implement and evaluate the program's financial goals.

V. MODELING ASSUMPTIONS SENSITIVITY TESTING

This section summarizes the testing of various key assumptions one at a time. Section VI below includes additional details regarding the assumptions used in our modeling.

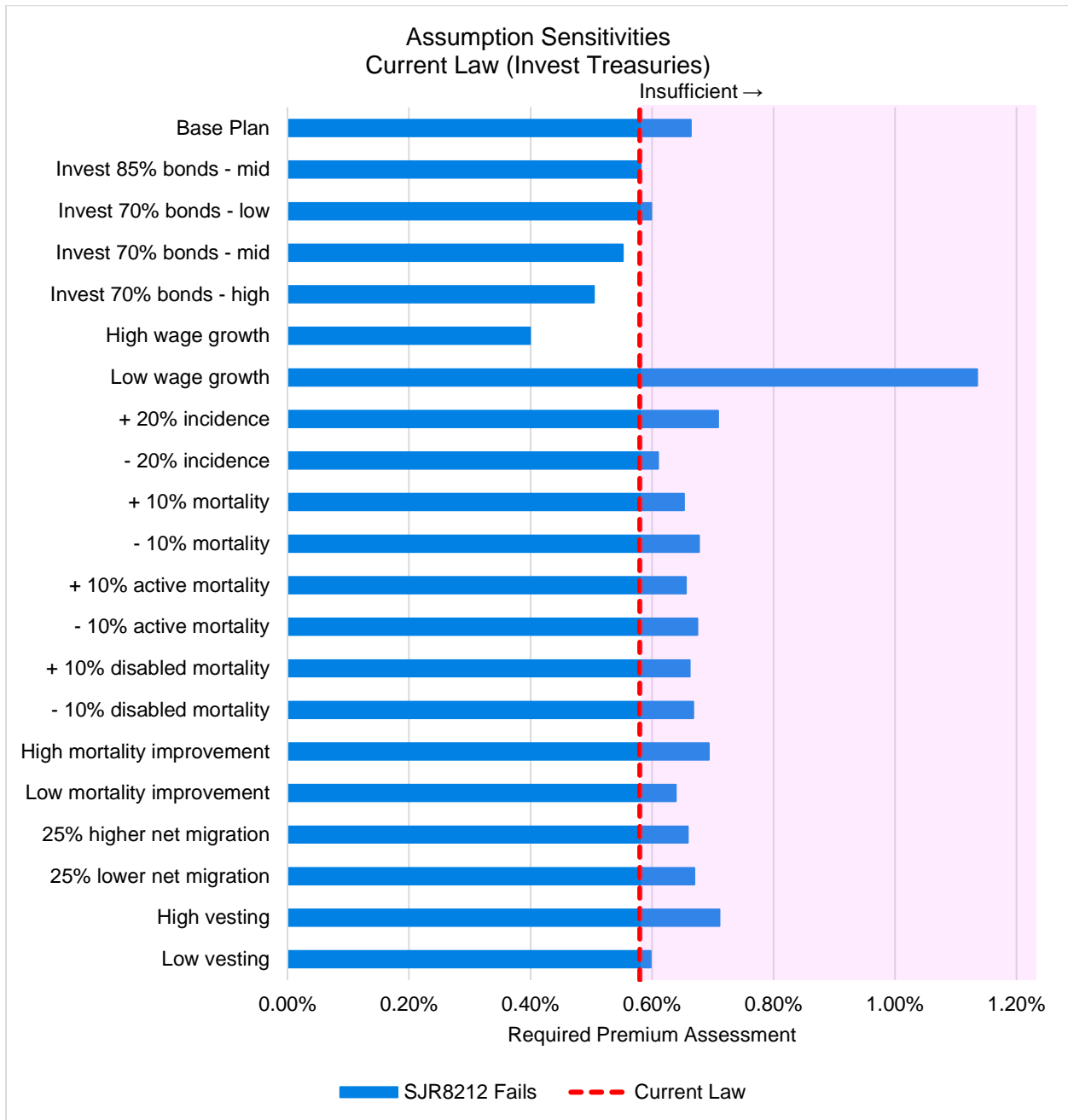
The estimated premium rate is highly sensitive to the underlying projection assumptions used in the modeling. The results of the testing should be taken into consideration when evaluating the viability of selecting benefit features for the new LTSS benefit program. The sensitivity of the program results under different conditions and the program's ability to adjust features when experience materializes differently from what has been expected is a key step to inform rate setting.

Like Figure 9 from Section III, the bars shown in Figure 19 represent the payroll premium assessment that would be required to fund the program over a 75-year window for different assumption sensitivities. The red line represents the premium assessment prescribed by current law of 0.58%. Bars that pass the red line represent alternatives where the current premium assessment of 0.58% is not sufficient to cover expected benefit payments for all 75 years of the program window. The required premium assessments for each sensitivity are also included in Exhibit 5.

Since all sensitivities shown in Figure 19 assume the *Current Law (Invest Treasuries)* investment strategy, under the majority of sensitivities shown in this figure the 0.58% premium rate is not expected to be sufficient (i.e., most bars surpass the red line). Some sensitivities have a larger impact than others on the required premium assessment. For example, a relatively small change to wage growth has a large impact on program sufficiency, since an increase or decrease to wages directly impacts the premium rate.

While not shown in this figure, for the most part, the relative impact of each sensitivity will be similar under the *Alternative (Invest Stocks / Bonds)* scenario.

Figure 19: Required Premium Assessment for Plan Alternatives – Current Law (Invest Treasuries)



SENSITIVITY TESTING TO INTEREST RATES

The interest rate determines the level of interest earned on the program account balance. As the interest rate earned by the Trust account increases, the necessary revenue funded through premiums decreases. Alternatively, if interest rates decrease, less interest is earned on the invested funds, requiring increased funding through premiums. We perform four sensitivity tests related in investment earnings. Figure 20 shows in parentheses the resulting ultimate net investment earned rate after expenses and the cost of defaults.

1. *Invest 85% bonds – mid*: The *Alternative (Invest Stocks / Bonds)* scenario reflects a strategy of investing 30% in equities and 70% in fixed income. For this sensitivity, we instead assume a strategy of investing 15% in equities and 85% in fixed income.
2. *Invest 70% bonds – low*: For this sensitivity, we assume interest rates are 100 basis points lower than the *Alternative (Invest Stocks / Bonds)* scenario.
3. *Invest 70% bonds – mid*: This is consistent with the Baseline described in Section II, assuming the program can invest in stocks and bonds.
4. *Invest 70% bonds – high*: For this sensitivity, we assume interest rates are 100 basis points higher than the *Alternative (Invest Stocks / Bonds)* scenario.

Figure 20:
Washington Office of the State Actuary
Assumption Sensitivities - Current Law (Invest Treasuries)
Level Premium Assessment Required

Test	Level Premium Assessment Required	% Change from Base Plan
Base Plan (2.3% ultimate interest)	0.66%	N/A
Invest 85% bonds – mid (4.2% ultimate interest)	0.58%	-0.08%
Invest 70% bonds - low (3.8% ultimate interest)	0.60%	-0.07%
Invest 70% bonds - mid (4.8% ultimate interest)	0.55%	-0.11%
Invest 70% bonds - high (5.8% ultimate interest)	0.50%	-0.16%

SENSITIVITY TESTING TO WAGE GROWTH

As wage growth increases, the premium rate necessary to fund program benefits decreases, and the premium base increases. It is possible that increased wages can result in price inflation, but this impact is ignored in the provided wage sensitivity analyses. The baseline growth in average annual wage is taken from the 2020 OASDI Trustees Report intermediate assumption, assumed to be 3.55% on an ultimate, long-term basis. Sensitivity runs are conducted using both the low-cost and high-cost Trustees Report assumptions (2.34% and 4.76% in the ultimate year, respectively).

Figure 21:
Washington Office of the State Actuary
Assumption Sensitivities - Current Law (Invest Treasuries)
Level Premium Assessment Required

Test	Level Premium Assessment Required	% Change from Base Plan
Base Plan (3.6% ultimate)	0.66%	N/A
High wage growth (4.8% ultimate)	0.40%	-0.26%
Low wage growth (2.3% ultimate)	1.14%	0.47%

SENSITIVITY TESTING TO INCIDENCE

Incidence refers to the rate at which the population requires the use of LTSS. The level of incidence over the projection period will have a direct impact on the cost of financing a public LTSS benefit. If incidence rates decrease, fewer people will require LTSS and funding requirements will be lower. We ran sensitivities at +20% and -20% load to baseline incidence. As an example, for a 90-year-old male if the baseline incidence rate was 15%, we would test the impact of changing the incidence rate to 18% ($15\% \times (1 + 20\%) = 18\%$) and 12% ($15\% \times (1 - 20\%) = 12\%$).

Figure 22:
Washington Office of the State Actuary
Assumption Sensitivities - Current Law (Invest Treasuries)
Level Premium Assessment Required

Test	Level Premium Assessment Required	% Change from Base Plan
Base Plan	0.66%	N/A
+ 20% incidence	0.71%	0.04%
- 20% incidence	0.61%	-0.05%

SENSITIVITY TESTING TO MORTALITY

Mortality refers to the death rate of the population. We applied separate mortality rates to the active (or “healthy”) lives and disabled lives. Mortality rates have generally been decreasing by age over the last 100 years. As mortality rates decrease, the population is expected to survive longer. A population living longer will increase the demand for LTSS. We ran six sensitivities, increasing and decreasing mortality rates at each age by 10% for all lives, as well as tests where we only change the mortality for active lives and disabled lives.

Figure 23:
Washington Office of the State Actuary
Assumption Sensitivities - Current Law (Invest Treasuries)
Level Premium Assessment Required

Test	Level Premium Assessment Required	% Change from Base Plan
Base Plan	0.66%	N/A
+ 10% mortality	0.65%	-0.01%
- 10% mortality	0.68%	0.01%
+ 10% active mortality	0.66%	-0.01%
- 10% active mortality	0.67%	0.01%
+ 10% disabled mortality	0.66%	0.00%
- 10% disabled mortality	0.67%	0.00%

SENSITIVITY TESTING TO MORTALITY IMPROVEMENT

We used the OASDI Report estimates of mortality improvement for their intermediate, low-cost, and high-cost scenarios. The intermediate mortality improvement of 0.78% per year represents the best estimate of mortality improvement going forward. The low-cost estimate (0.42%) and high-cost estimate (1.16%) represent extremes in the projected mortality improvement. As mortality improvement increases, the funding requirement for the program will increase as the expected life expectancy of the population, and need for LTSS, will increase.

Figure 24:
Washington Office of the State Actuary
Assumption Sensitivities - Current Law (Invest Treasuries)
Level Premium Assessment Required

Test	Level Premium Assessment Required	% Change from Base Plan
Base Plan (0.78%)	0.66%	N/A
High mortality improvement (1.16%)	0.69%	0.03%
Low mortality improvement (0.42%)	0.64%	-0.02%

SENSITIVITY TESTING TO MIGRATION

As a state-run public program, state-to-state migration and net immigration to the state impact the population projections. The Baseline assumes a net annual migration consistent with projections from the Washington Office of Financial Management. We ran two sensitivities, with an increase and decrease of 25% to the net annual migration counts. Changes in net migration counts do not significantly impact the LTSS funding requirement.

Figure 25:
Washington Office of the State Actuary
Assumption Sensitivities - Current Law (Invest Treasuries)
Level Premium Assessment Required

Test	Level Premium Assessment Required	% Change from Base Plan
Base Plan	0.66%	N/A
25% higher net migration	0.66%	0.00%
25% lower net migration	0.67%	0.01%

SENSITIVITY TESTING TO VESTING

To be eligible for benefits, individuals must pay the premium for a specified number of years, known as the vesting period. The Base Plan assumes vesting is satisfied by premium payments in three of the last six years or 10 total years during an individual's work history.

We ran two sensitivities on the vesting rates: first, increasing vesting rates by 5% to 10%, and second, decreasing vesting rates by 5% to 10%. As an example, under the Base Plan we assume 81% of 40-year-old males would be vested in 2030. Under the high vesting test, we assume 89% will be vested ($81\% \times (1 + 10\%) = 89\%$), and under the low vesting test we assume approximately 73% of these individuals will be vested ($81\% \times (1 - 10\%) = 73\%$).

Figure 26:
Washington Office of the State Actuary
Assumption Sensitivities - Current Law (Invest Treasuries)
Level Premium Assessment Required

Test	Level Premium Assessment Required	% Change from Base Plan
Base Plan	0.66%	N/A
High vesting	0.71%	0.05%
Low vesting	0.60%	-0.07%

SENSITIVITY TESTING TO CONSUMER PRICE INDEX

The Base Plan assumes the \$36,500 pool of money (as of 2025) will be inflated at a rate consistent with a Consumer Price Index (CPI), or general inflation – assumed to be 2.5%. In Section III, we test alternatives assuming benefits are inflated using difference indices. In this section we test sensitivities under which CPI will be higher or lower than the 2.5% we assume in our base modeling.

It is plausible that if one assumption varies from what was used in our base modeling, other correlated assumptions may also vary, potentially by similar magnitudes. As an example of this, we also modeled the impact of increasing and decreasing both CPI and wage growth by 0.5%. Since these assumptions affect the premium assessment in opposite directions, testing both sensitivities at the same time yielded premium assessments relatively close to the Base Plan.

Figure 27:
Washington Office of the State Actuary
Assumption Sensitivities - Current Law (Invest Treasuries)
Level Premium Assessment Required

Test	Level Premium Assessment Required	% Change from Base Plan
Base Plan (2.5% CPI)	0.66%	N/A
Low CPI (2%)	0.54%	-0.13%
High CPI (3%)	0.83%	0.17%
0.5% Lower CPI & Wage Growth	0.67%	0.00%
0.5% Higher CPI & Wage Growth	0.66%	-0.01%

VI. METHODOLOGY AND ASSUMPTIONS

We projected long-term care beneficiaries and costs using Milliman's modeling software, MG-ALFA®. The projection started with the current population of the state of Washington by age, sex, and region, and projected forward for 75 years. The projected Washington population is estimated based on the number of births, deaths, and net migrants in each future year.

To calculate the long-term care beneficiaries and costs for the projected population in each year, the model utilizes Milliman's proprietary Long-Term Care Guidelines (Guidelines) calibrated from an insured basis to the Washington population characteristics. The Guidelines provide frequencies, continuance curves, utilization assumptions, and claims costs developed from a large number of product designs, based on data from the past two decades. The Guidelines incorporate both private and public sector data sources. The Guidelines are updated triennially to reflect the most comprehensive and current information available in the market. The breadth of underlying data and the comprehensiveness of analysis put the Guidelines in position to be an unrivaled benchmark for LTC morbidity.

The projection is for the 75-year period 2025 through 2100. A 75-year projection has been established by the Social Security Administration (SSA) and the Centers for Medicare and Medicaid Services (CMS) as the standard projection period for determining the actuarial balance of a public insurance program. The 75-year period covers the expected lifetime of the vast majority of residents just entering their working ages. Thus, a 75-year projection period covers all the working years and all of the benefit years of those just beginning their participation. The model produces year-by-year cash flow projections, such that the value and scope of the program can be estimated for any of the years in the 75-year projection period. A projection period of at least 75 years is necessary to see the ultimate costs of the program, because it allows for a full career contribution period (so that the ultimate effects of the vesting rules can be modeled) and the full benefit period (so that the benefits paid over all retirement years based on a specified indexing option can be modeled).

The cash flow consists of income to the program from premiums and interest earned on the account balance. Outgo from the program consists of benefit payments for nursing home or home care services and administrative expenses. We projected each of these items on a year-by-year basis for 75 years.

DEMOGRAPHIC ASSUMPTIONS

The demographic assumptions relate to the projection of the population of Washington. For a pay-as-you-go public insurance program, the covered population is of fundamental importance in the estimation of costs. The income to the program depends on the number of contributors and the outgo of the program depends on the number of beneficiaries, most of whom are aged 65 or over. Estimates of the number of contributors and of the number of beneficiaries are based on the population projection.

The estimate of the resident population starts with the census count of the resident population for Washington by age and sex as of 2016. We use a 2016 starting population to build up a stable disabled population and appropriately reflect LTC prevalence at the time of first program payments (2025). The model projects the Washington population by estimating the number of births, deaths, and net migrants for each future year.

Starting population

The estimate of the 2016 starting population is from the American Community Survey (ACS) five-year data release files. This survey was used to tabulate state population estimates by age and sex and is the starting point for the Washington population projection.

Migration

Net migration to Washington is based on the State of Washington Office of Financial Management (OFM) "Forecast of the State Population" from December 2019. The relativities of state-to-state immigration and emigration, as well as immigration and emigration into and out of the United States, are tabulated from the American Community Survey (ACS) five-year data release files. The data files are used to calculate the distribution by age and sex of domestic and international net migration into and from Washington. Yearly totals of immigrants and emigrants are based on the relativities noted above. Individuals who emigrate are kept track of separately in the model. Such individuals who contributed to the program could be eligible for partial benefits outside of Washington as they divest from the program under certain plan alternatives. In most of the modeled plans, benefit credits are assumed lost once an individual leaves Washington. The model does not track the legal status of immigrants or emigrants.

Births

The number of births in Washington are estimated using the projected birth rates from the Centers for Disease Control and Prevention's (CDC's) National Vital Statistics Report on births. These birth rates are trended according to the fertility rate projection provided in the 2020 OASDI Trustees Report.

Deaths

We applied separate mortality rates to the active (or "healthy") lives and disabled lives.

- **Active life mortality:** Current and projected U.S. active life mortality rates by age and sex were calculated using multiple sources, including the Guidelines, 2020 OASDI Trustees Report (after backing out disabled life mortality), Society of Actuaries (SOA) 2012 Individual Annuity Mortality (IAM) table (after backing out disabled life mortality), and SOA Intercompany data.
- **Disabled life mortality:** Current and projected U.S. disabled life mortality rates by age, sex, duration, and care setting were calculated from Milliman's proprietary Guidelines.

The projected U.S. mortality rates were calibrated to Washington using the CDC's age-adjusted mortality rates by state. This data shows that Washington's mortality rates are 6% to 10% less than the national average.

Mortality improvement rates by age and sex were estimated from the 2020 OASDI Trustees Report. The Trustees Report mortality rates are projected through 2095.

As a final step, projected lives by calendar year were compared against the State of Washington Office of Financial Management projections from December 2019.

ECONOMIC ASSUMPTIONS

Economic parameters concerning trends in the labor force, wages, and costs of LTC services are of primary importance for the projection of the income and outgo of the LTC program. Because the program is financed by a payroll premium assessment, the labor force participation and wage level will directly affect annual program income. The index used to trend the daily benefit amount is important because it affects program liabilities in the future. The interest rate assumption is important because it affects the interest income earned by the Trust account balance (and the present value of the future benefit stream).

Labor force participation and unemployment

The U.S. labor force participation rates (LFPR) and unemployment rates (UR) by age and sex are from the 2020 OASDI Trustees Report. These rates are adjusted to Washington-specific levels using the ratio of Washington LFPR to U.S. LFPR, and Washington UR to U.S. UR. Washington-specific and U.S. employment data for this adjustment comes from the U.S. Bureau of Labor Statistics (BLS) Local Area Unemployment Statistics. This data is used to project the labor force and unemployment rate in each year of the projection period. The labor force is calculated in order to estimate the payroll assessment base in each year. The labor force calculations do not take into account workers' legal status.

Wages

Projections of U.S. average taxable earnings from 2018 to 2095 are found in the 2020 OASDI Trustees Report. Taxable earnings are the amount of covered earnings subject to the Social Security payroll tax. Taxable earnings for years after 2095 are projected using the five-year trend from 2091 to 2095. In order to estimate the Washington tax base, we adjust the average U.S. earnings to Washington-specific earnings by the ratio of the average wage in Washington over the average wage in the United States. We grade off the Washington-specific wage adjustment over 20 years, assuming that over time wages will approximate national average wages. Wage data for this adjustment comes from BLS Occupational Employment Statistics. We then convert the taxable earnings into covered earnings using the ratio of taxable earnings to covered earnings from the 2020 OASDI Trustees Report. Average covered earnings are multiplied by the labor force in a given year to determine the payroll assessment base in that year.

We assumed average increases in wages are the same as those assumed in the OASDI Trustees Report, with an ultimate wage trend of 3.55% per year.

Vesting

In order to become eligible for benefits, a worker must become vested (or in other words, become insured). To vest in the LTSS benefit, an individual must work and pay premiums for a specified number of years. We used the 2006 Social Security Earnings Public Use Microdata File to estimate the percentage of Washingtonians that would become vested by age, sex, and projection year. This data provides annual earnings information (i.e., a lifetime earnings profile) for a 1% random sample of all Social Security numbers issued before January 1, 2007.

Under the Baseline plans, individuals are fully vested if they work more than 500 hours per year for three of the last six years, or for 10 years total over their lifetimes. To find the percentage of the working population meeting these requirements, we observed the work histories of the random sample of data. For each age, the percentage of individuals who had recorded income for three of the previous six years or eight years total is tabulated. We used eight instead of 10 years in this tabulation because becoming insured under this program provides an added incentive to continue working for those who are almost insured. For each year of the program, we vary the number of years of work history to be included in this tabulation. For example, in year 10 of the program, we only considered work history for individuals going back 10 years to estimate vesting percentages. Because of this, the vesting percentages by age and gender vary in each program year. We used the American Time Use Survey to determine the percentage of workers who work more than 500 hours per year (approximately 95%) and applied this percentage to the vesting percentages by age, gender, and program year.

We observed that females' work histories changed significantly since the beginning of the data collection period in 1951, with the last five to 10 years of data approximating the male work history. As such, we set the female vesting percentages equal to the male vesting percentages.

We did not vary the vesting assumptions for individuals who migrated into Washington. This is a conservative assumption because we are implicitly assuming individuals are able to apply their work histories from other states to meet vesting requirements, which will not be allowed in practice. However, varying this assumption had a relatively low impact on results and seemed appropriate given that we do not know how many individuals moving into the state lived in Washington previously and would be moving into the state with some relevant work history.

For the minimum age of benefit alternatives, we also considered benefits for individuals with intellectual or developmental disabilities (IDDs). To determine the vesting rates for this cohort we reviewed employment data for the IDD population. Ultimately, we applied a 54% factor to our baseline vesting percentages to account for the fact that individuals in this population are less likely to have stable, continuous work history.

Interest rates

The interest rates used are based on our projection of future net investment earned rates (NIERs) rates under two scenarios:

1. *Current Law (Invest Treasuries)*: Under this scenario, the NIER starts at 0.5% in 2022, grows to 2.3% by 2047, and remains at 2.3% for the remaining years of the projection. This reflects a strategy of investing only in Treasuries.
2. *Current Law (Invest Stocks / Bonds)*: Under this scenario, the NIER starts at 3.4% in 2022, grows to 4.8% by 2047, and remains at 4.8% for the remaining years of the projection. This reflects a strategy of investing 30% in equities and 70% in fixed income (interim credit levels).

The NIER reflects expected investments returns on the Trust account balance net of investment expenses and the cost of defaults. More information on the modeled investment strategies is included in Appendix A.

MORBIDITY ASSUMPTIONS

To calculate the long-term care beneficiaries and costs for the projected population in each year, we utilized Milliman's proprietary Guidelines. The Guidelines provide frequencies, continuance curves, utilization assumptions, and claims costs from a large number of fully insured long-term care product designs sold over the past two decades. The Guidelines incorporate both private and public sector data sources, and are periodically updated to reflect the most comprehensive and current information available in the market. The first set of Guidelines was developed in 1992 and is updated regularly, with the most recent edition completed in 2017. The breadth of underlying data and the comprehensiveness of analysis put the LTC Guidelines in position to be an unrivaled benchmark for LTC morbidity of the fully insured population. We did not assume any morbidity improvement as part of our modeling.

Eligibility criteria

Frailty has traditionally been measured by a person's ability to perform activities of daily living (ADLs). As originally conceived by Katz in his paper "A Measure of Primary Sociobiological Functions," there were six ADLs: bathing, dressing, transferring, continence, toileting, and eating. Later, some researchers proposed mobility (i.e., the ability to get about inside of a house), and others the taking of medication, as additional ADLs. This original measure of frailty has been expanded to include cognitive ability in addition to physical abilities as indications of the need for long-term care services.

RCW 50B.04 currently defines the benefit eligibility criteria as requiring assistance with at least three ADLs. Since this definition requires further clarification, for the purposes of this actuarial study we assumed the type and minimum number of ADLs considered by care setting to be consistent with the current definitions used under the State of Washington Medicaid program.⁶

Benefit utilization

The model assumes, in the absence of a daily benefit cap, that individuals will spend the average cost of care per day observed in the private market for receiving benefits by care setting. It is assumed that home care beneficiaries incur the average cost of care on roughly 70.5% of days.

For the minimum age of benefit alternatives, we also considered benefits for individuals with intellectual or developmental disabilities. We examined the prevalence by age and gender of intellectual or developmental disability among adults from an academic study⁷ and calculated the incremental impact of providing benefits to the subset of these individuals that we assume would meet the vesting requirements. We assumed IDD individuals would utilize the entire benefit pool of money upon becoming vested. As an example, an IDD individual assumed to be vested in 2025 is modeled to receive the full pool of money of \$36,500 in that year.

Incidence calibration

The Milliman Long-Term Care Guidelines incidence rates are representative of a fully insured population. A fully insured population will have different morbidity from the population under this program for a few reasons, including:

- Insured data may have inherent anti-selection as it reflects individuals who choose to purchase care and may have reason to believe they will need care in the future.
- Insured data reflects a higher-income population, which is generally composed of healthier lives with lower morbidity.
- Most individuals insured in the private market had to complete underwriting, ensuring they were relatively healthy at least when they first purchased coverage. There is no underwriting qualification associated with the public program in this study, although individuals will need to be at least healthy enough to satisfy vesting requirements.

We calibrated the incidence rates to a general population basis using a variety of data sources, including selection factors from the Guidelines and other industry general population prevalence studies. While general population data exists, morbidity data reflecting a "public option" program does not exist and was not used for this actuarial study. It is unknown how individuals will react to having a public benefit available.

PARTICIPATION AND ADVERSE SELECTION

Universal mandatory programs can be assured that the experience of the group will be average, because everyone will be in the program. Voluntary programs, however, are subject to anti-selection (i.e., those with the highest need of services will be most likely to enroll). While the LTSS Trust Program is largely mandatory, there are two program options that add a voluntary aspect: the private market opt-in and self-employed opt-out. When individual choice or a voluntary aspect to participation is introduced into a program, unpredictability related to participation rates and adverse selection can make rate setting challenging.

⁶ Washington Administrative Code (2015). Retrieved October 15, 2020 from <https://apps.leg.wa.gov/wac/default.aspx?cite=388-106-0210> and <https://apps.leg.wa.gov/wac/default.aspx?cite=388-106-0210>

⁷ Durbin, A., et al. (June 20, 2019). Prevalence of intellectual and developmental disabilities among first generation adult newcomers, and the health and health service use of this group: A retrospective cohort study. Peer-reviewed academic study. Retrieved September 1, 2020, from <https://journals.plos.org/plosone/article?id=10.1371/journal.pone.0215804>.

The current statute allows individuals to opt out of the program over the course of a window of time from October 1, 2021 through December 31, 2022 given they self-attest to having private market long-term care coverage. As described in Section II, we modeled two different structures for implementing this opt out provision:

- *Opt Out Structure 1 (Current Law)* – Under this structure, individuals would have the ability to purchase private market coverage through December 31, 2022 and become eligible to opt out of the LTSS Trust Program. For this structure, we modeled various discrete scenarios by carving out individuals above different wage thresholds. In doing this we assumed individuals may purchase private market coverage and opt out of the program if their wages were high enough that purchasing private market coverage would be more cost effective. We used LTC quoting software to determine premium rates available to Washingtonians by age and gender, and wage data by age and gender from the American Community Survey to model these scenarios.
- *Opt Out Structure 2 (Grandfathered Opt Out)* – Under this structure, as part of the self-attestation to opt out, individuals would have to attest to having purchased private LTC insurance coverage before July 28, 2019. Individuals who purchased coverage previous to July 28, 2019 would be allowed to opt out of the program during the opt out window. For this structure, we used a combination of publicly available industry data and proprietary Milliman research to estimate the total count and age-gender distribution of individuals in Washington who currently have private market insurance. On average, this population tends to be older and closer to retirement compared with the population we assumed would choose to opt out under *Opt Out Structure 1 (Current Law)*.

The current statute allows participation for self-employed individuals to be fully voluntary, where they are only enrolled after “opting in” to the program. We examined various discrete scenarios by carving in certain percentages of premiums and claims to model the potential impact of adverse selection due to this provision. The discrete scenarios considered different combinations of premiums and claims adjustments in the event the “average” self-employed individual who opts in is different than the “average” non-self-employed individual participating in the program. We modeled illustrative scenarios illustrating the impact if 0%, 10%, 50%, and 100% of wages from self-employed individuals were collected combined with 100% of claims.

ADMINISTRATIVE EXPENSES

Given the administration structure of the program is unknown, we assumed administration expenses to be 3.5% of premiums and 3.5% of benefits consistent with the assumptions used in the 2016 and 2018 feasibility studies, our discussions with OSA and DSHS, and our high-level review of other government programs and programs offering LTC benefits. This assumption is intended to reflect the average, long-term administrative needs of the program and may not be consistent with how expenses will fluctuate on an annual basis.

VII. CAVEATS AND LIMITATIONS

This report was prepared for the internal use of the Washington Office of the State Actuary (OSA) and the Washington Department of Social and Health Services (DSHS) and it should not be distributed, in whole or in part, to any external parties without the prior permission of Milliman, subject to the following exception:

- This report shall be a public record that shall be subject to disclosure to the State Legislature and its committees, persons participating in legislative reviews and deliberations, and parties making a request pursuant to the Washington Public Records Act

We do not intend this information to benefit or create a legal liability to any third party. This communication must be read in its entirety.

The information in this report provides actuarial modeling and analysis regarding the feasibility of policy options to finance long-term services and supports (LTSS) in the State of Washington. It may not be appropriate, and should not be used, for other purposes.

In completing this analysis, we relied on information provided by OSA, DSHS, and publicly available data, which we accepted without audit. However, we did review this information for general reasonableness.

Many assumptions were used to construct the estimates in this report. Actual results will differ from the projections in this report. Experience should be monitored as it emerges, and corrective actions taken when necessary.

Guidelines issued by the American Academy of Actuaries require actuaries to include their professional qualifications in all actuarial communications. Chris Giese, Al Schmitz, Annie Gunnlaugsson, and Evan Pollock are members of the American Academy of Actuaries, and meet the qualification standards for performing the analyses in this report.

The terms of the Personal Service Contract with OSA, effective February 26, 2020, apply to this engagement.

EXHIBITS

Exhibit 1
Washington Office of the State Actuary
Modeling Specifications

Run Description	Covered Services	Minimum Age for Benefits	Benefit Eligibility	Daily Benefit Amount	Daily Benefit Index	Lifetime Maximum Benefit	Benefit Structure	Elimination Period (Calendar Days)	Vesting Requirements	Portability / Divesting Period	Program Revenue Source	Administrative Load / Cost	Wage Growth	Tribal Employers	Self-Employed Opt In	Private Market Opt Out
Baseline Runs																
Base Test	Comprehensive, Medicaid-approved services	18; Disabled after 18	Medicaid definition	None	WA-CPI	\$36,500 starting in 2025	Reimbursement	45 days	3 of last 6 years, or 10 years total ¹	Must reside in Washington state	Payroll tax on covered earnings ²	3.5% of income and 3.5% of benefits	3.6% ultimate	No participation	10% of earnings 100% of claims	20% of top decile opt out 10% of second decile opt out
Top 45% of wage earners opt out	Comprehensive, Medicaid-approved services	18; Disabled after 18	Medicaid definition	None	WA-CPI	\$36,500 starting in 2025	Reimbursement	45 days	3 of last 6 years, or 10 years total ¹	Must reside in Washington state	Payroll tax on covered earnings ²	3.5% of income and 3.5% of benefits	3.6% ultimate	No participation	10% of earnings 100% of claims	Top 45% of wage earners opt out
Top 5% of wage earners opt out	Comprehensive, Medicaid-approved services	18; Disabled after 18	Medicaid definition	None	WA-CPI	\$36,500 starting in 2025	Reimbursement	45 days	3 of last 6 years, or 10 years total ¹	Must reside in Washington state	Payroll tax on covered earnings ²	3.5% of income and 3.5% of benefits	3.6% ultimate	No participation	10% of earnings 100% of claims	Top 5% of wage earners opt out
Grandfathered private market opt-out	Comprehensive, Medicaid-approved services	18; Disabled after 18	Medicaid definition	None	WA-CPI	\$36,500 starting in 2025	Reimbursement	45 days	3 of last 6 years, or 10 years total ¹	Must reside in Washington state	Payroll tax on covered earnings ²	3.5% of income and 3.5% of benefits	3.6% ultimate	No participation	10% of earnings 100% of claims	Only those who had private LTC insurance policies as of 5/13/19 could opt out
Self-employed opt-in (0% of earnings 100% of claims)	Comprehensive, Medicaid-approved services	18; Disabled after 18	Medicaid definition	None	WA-CPI	\$36,500 starting in 2025	Reimbursement	45 days	3 of last 6 years, or 10 years total ¹	Must reside in Washington state	Payroll tax on covered earnings ²	3.5% of income and 3.5% of benefits	3.6% ultimate	No participation	0% of earnings 100% of claims	20% of top decile opt out 10% of second decile opt out
Self-employed opt-in (50% of earnings 100% of claims)	Comprehensive, Medicaid-approved services	18; Disabled after 18	Medicaid definition	None	WA-CPI	\$36,500 starting in 2025	Reimbursement	45 days	3 of last 6 years, or 10 years total ¹	Must reside in Washington state	Payroll tax on covered earnings ²	3.5% of income and 3.5% of benefits	3.6% ultimate	No participation	50% of earnings 100% of claims	20% of top decile opt out 10% of second decile opt out
Self-employed opt-in (100% of earnings 100% of claims)	Comprehensive, Medicaid-approved services	18; Disabled after 18	Medicaid definition	None	WA-CPI	\$36,500 starting in 2025	Reimbursement	45 days	3 of last 6 years, or 10 years total ¹	Must reside in Washington state	Payroll tax on covered earnings ²	3.5% of income and 3.5% of benefits	3.6% ultimate	No participation	100% of earnings 100% of claims	20% of top decile opt out 10% of second decile opt out
Plan Alternatives																
Tribal Employers Allowed to Opt-in	Comprehensive, Medicaid-approved services	18; Disabled after 18	Medicaid definition	None	WA-CPI	\$36,500 starting in 2025	Reimbursement	45 days	3 of last 6 years, or 10 years total ¹	Must reside in Washington state	Payroll tax on covered earnings ²	3.5% of income and 3.5% of benefits	3.6% ultimate	50% of wages 100% of claims	10% of earnings 100% of claims	20% of top decile opt out 10% of second decile opt out
Cap Daily Benefit Plus Add-ons	Comprehensive, Medicaid-approved services	18; Disabled after 18	Medicaid definition	\$100 + ability to spend more on DME or home modification	WA-CPI	\$36,500 starting in 2025	Reimbursement	45 days	3 of last 6 years, or 10 years total ¹	Must reside in Washington state	Payroll tax on covered earnings ²	3.5% of income and 3.5% of benefits	3.6% ultimate	No participation	10% of earnings 100% of claims	20% of top decile opt out 10% of second decile opt out
Revised Cost of Care Protection Alternate 1	Comprehensive, Medicaid-approved services	18; Disabled after 18	Medicaid definition	None	Publicly Available Wage Index	\$36,500 starting in 2025	Reimbursement	45 days	3 of last 6 years, or 10 years total ¹	Must reside in Washington state	Payroll tax on covered earnings ²	3.5% of income and 3.5% of benefits	3.6% ultimate	No participation	10% of earnings 100% of claims	20% of top decile opt out 10% of second decile opt out
Revised Cost of Care Protection Alternate 2	Comprehensive, Medicaid-approved services	18; Disabled after 18	Medicaid definition	None	Cost of care patterns from private pay	\$36,500 starting in 2025	Reimbursement	45 days	3 of last 6 years, or 10 years total ¹	Must reside in Washington state	Payroll tax on covered earnings ²	3.5% of income and 3.5% of benefits	3.6% ultimate	No participation	10% of earnings 100% of claims	20% of top decile opt out 10% of second decile opt out
No Minimum Age for Disability	Comprehensive, Medicaid-approved services	18	Medicaid definition	None	WA-CPI	\$36,500 starting in 2025	Reimbursement	45 days	3 of last 6 years, or 10 years total ¹	Must reside in Washington state	Payroll tax on covered earnings ²	3.5% of income and 3.5% of benefits	3.6% ultimate	No participation	10% of earnings 100% of claims	20% of top decile opt out 10% of second decile opt out
Refund of Premiums for a DD Dependent	Comprehensive, Medicaid-approved services	18; Disabled after 18; Refunding premiums for a deceased qualified individual with a dependent who is an individual with a developmental disability	Medicaid definition	None	WA-CPI	\$36,500 starting in 2025	Reimbursement	45 days	3 of last 6 years, or 10 years total ¹	Must reside in Washington state	Payroll tax on covered earnings ²	3.5% of income and 3.5% of benefits	3.6% ultimate	No participation	10% of earnings 100% of claims	20% of top decile opt out 10% of second decile opt out
Full Divesting After Leaving the State	Comprehensive, Medicaid-approved services	18; Disabled after 18	Medicaid definition	None	WA-CPI	\$36,500 starting in 2025	Reimbursement	45 days	3 of last 6 years, or 10 years total ¹	If a person leaves the state for any period of time they are no longer eligible	Payroll tax on covered earnings ²	3.5% of income and 3.5% of benefits	3.6% ultimate	No participation	10% of earnings 100% of claims	20% of top decile opt out 10% of second decile opt out
Full Divesting After Leaving the State for 5 Years	Comprehensive, Medicaid-approved services	18; Disabled after 18	Medicaid definition	None	WA-CPI	\$36,500 starting in 2025	Reimbursement	45 days	3 of last 6 years, or 10 years total ¹	If a person leaves the state for 5 years they are no longer eligible	Payroll tax on covered earnings ²	3.5% of income and 3.5% of benefits	3.6% ultimate	No participation	10% of earnings 100% of claims	20% of top decile opt out 10% of second decile opt out
50% of Benefit After Leaving the State	Comprehensive, Medicaid-approved services	18; Disabled after 18	Medicaid definition	None	WA-CPI	\$36,500 starting in 2025	Reimbursement	45 days	3 of last 6 years, or 10 years total ¹	If someone has left the state they can receive 50% of daily benefit	Payroll tax on covered earnings ²	3.5% of income and 3.5% of benefits	3.6% ultimate	No participation	10% of earnings 100% of claims	20% of top decile opt out 10% of second decile opt out
25% of Benefit After Leaving the State	Comprehensive, Medicaid-approved services	18; Disabled after 18	Medicaid definition	None	WA-CPI	\$36,500 starting in 2025	Reimbursement	45 days	3 of last 6 years, or 10 years total ¹	If someone has left the state they can receive 25% of daily benefit	Payroll tax on covered earnings ²	3.5% of income and 3.5% of benefits	3.6% ultimate	No participation	10% of earnings 100% of claims	20% of top decile opt out 10% of second decile opt out
10% of Benefit After Leaving the State	Comprehensive, Medicaid-approved services	18; Disabled after 18	Medicaid definition	None	WA-CPI	\$36,500 starting in 2025	Reimbursement	45 days	3 of last 6 years, or 10 years total ¹	If someone has left the state they can receive 10% of daily benefit	Payroll tax on covered earnings ²	3.5% of income and 3.5% of benefits	3.6% ultimate	No participation	10% of earnings 100% of claims	20% of top decile opt out 10% of second decile opt out
85% Reimbursement, 15% Cash	Comprehensive, Medicaid-approved services	18; Disabled after 18	Medicaid definition	None	WA-CPI	\$36,500 starting in 2025	90% Reimbursement 10% Cash	45 days	3 of last 6 years, or 10 years total ¹	Must reside in Washington state	Payroll tax on covered earnings ²	3.5% of income and 3.5% of benefits	3.6% ultimate	No participation	10% of earnings 100% of claims	20% of top decile opt out 10% of second decile opt out
90% Reimbursement, 10% Cash	Comprehensive, Medicaid-approved services	18; Disabled after 18	Medicaid definition	None	WA-CPI	\$36,500 starting in 2025	85% Reimbursement 15% Cash	45 days	3 of last 6 years, or 10 years total ¹	Must reside in Washington state	Payroll tax on covered earnings ²	3.5% of income and 3.5% of benefits	3.6% ultimate	No participation	10% of earnings 100% of claims	20% of top decile opt out 10% of second decile opt out
0-Day Elimination Period	Comprehensive, Medicaid-approved services	18; Disabled after 18	Medicaid definition	None	WA-CPI	\$36,500 starting in 2025	Reimbursement	0 days	3 of last 6 years, or 10 years total ¹	Must reside in Washington state	Payroll tax on covered earnings ²	3.5% of income and 3.5% of benefits	3.6% ultimate	No participation	10% of earnings 100% of claims	20% of top decile opt out 10% of second decile opt out
90-Day Elimination Period	Comprehensive, Medicaid-approved services	18; Disabled after 18	Medicaid definition	None	WA-CPI	\$36,500 starting in 2025	Reimbursement	90 days	3 of last 6 years, or 10 years total ¹	Must reside in Washington state	Payroll tax on covered earnings ²	3.5% of income and 3.5% of benefits	3.6% ultimate	No participation	10% of earnings 100% of claims	20% of top decile opt out 10% of second decile opt out
3 of Any 6 Year Period Vesting	Comprehensive, Medicaid-approved services	18; Disabled after 18	Medicaid definition	None	WA-CPI	\$36,500 starting in 2025	Reimbursement	45 days	3 of any 6 year period, or 10 years total ¹	Must reside in Washington state	Payroll tax on covered earnings ²	3.5% of income and 3.5% of benefits	3.6% ultimate	No participation	10% of earnings 100% of claims	20% of top decile opt out 10% of second decile opt out

¹ Without 5 years of interruption; to vest in a given year, a worker must work a minimum of 500 hours as an employee or earn at least the threshold of one year of vesting credits in the Medicare program.

² Covered earnings are earnings subjected to Medicare tax.

Exhibit 2a
Washington Office of the State Actuary
Plan Alternatives - Current Law (Invest Treasuries) Scenario
Level Premium Assessment Required

Test	Level Premium Assessment Required	Change from Current Law Premium Assessment of 0.58%
Base Plan	0.66%	0.08%
Tribal employers may opt-in	0.67%	0.09%
\$100 daily benefit maximum	0.62%	0.04%
Benefit inflation tied to wage growth (3.55%)	1.16%	0.58%
Benefit inflation tied to cost of care trend (3-4%)	1.16%	0.58%
No minimum age for disability	0.67%	0.09%
Refund of premiums for a DD dependent	0.67%	0.09%
Full divesting after leaving the state	0.65%	0.07%
Full divesting after leaving the state for 5 years	0.65% - 0.66%	n/a
50% of benefit after leaving the state	0.88%	0.30%
25% of benefit after leaving the state	0.77%	0.19%
10% of benefit after leaving the state	0.71%	0.13%
85% Reimbursement, 15% Cash	0.69%	0.11%
90% Reimbursement, 10% Cash	0.68%	0.10%
0-day elimination period	0.70%	0.12%
90-day elimination period	0.64%	0.06%

Exhibit 2b
Washington Office of the State Actuary
Plan Alternatives - *Alternative (Invest Stocks/Bonds)* Scenario
Level Premium Assessment Required

Test	Level Premium Assessment Required	Change from Current Law Premium Assessment of 0.58%
Base Plan	0.55%	-0.03%
Tribal employers may opt-in	0.55%	-0.03%
\$100 daily benefit maximum	0.51%	-0.07%
Benefit inflation tied to wage growth (3.55%)	0.90%	0.32%
Benefit inflation tied to cost of care trend (3-4%)	0.89%	0.31%
No minimum age for disability	0.57%	-0.01%
Refund of premiums for a DD dependent	0.55%	-0.03%
Full divesting after leaving the state	0.54%	-0.04%
Full divesting after leaving the state for 5 years	0.54% - 0.55%	n/a
50% of benefit after leaving the state	0.72%	0.14%
25% of benefit after leaving the state	0.63%	0.05%
10% of benefit after leaving the state	0.59%	0.01%
85% Reimbursement, 15% Cash	0.58%	0.00%
90% Reimbursement, 10% Cash	0.56%	-0.02%
0-day elimination period	0.58%	0.00%
90-day elimination period	0.54%	-0.04%

Exhibit 5
Washington Office of the State Actuary
Sensitivity Tests - Current Law (Invest Treasuries) Scenario
Level Premium Assessment Required

Scenario	Level Premium Assessment Required	Change from Current Law Premium Assessment of 0.58%
Base Plan	0.66%	0.08%
Invest 85% bonds - mid (4.2% ultimate interest)	0.58%	0.00%
Invest 70% bonds - low (3.8% ultimate interest)	0.60%	0.02%
Invest 70% bonds - mid (4.8% ultimate interest)	0.55%	-0.03%
Invest 70% bonds - high (5.8% ultimate interest)	0.50%	-0.08%
High wage growth	0.40%	-0.18%
Low wage growth	1.14%	0.56%
+ 20% incidence	0.71%	0.13%
- 20% incidence	0.61%	0.03%
+ 10% mortality	0.65%	0.07%
- 10% mortality	0.68%	0.10%
+ 10% active mortality	0.66%	0.08%
- 10% active mortality	0.67%	0.09%
+ 10% disabled mortality	0.66%	0.08%
- 10% disabled mortality	0.67%	0.09%
High mortality improvement	0.69%	0.11%
Low mortality improvement	0.64%	0.06%
25% higher net migration	0.66%	0.08%
25% lower net migration	0.67%	0.09%
High vesting	0.71%	0.13%
Low vesting	0.60%	0.02%

APPENDIX A

PROJECTED FUTURE NET INVESTMENT EARNED RATES

APPENDIX A

PROJECTED FUTURE NET INVESTMENT EARNED RATES

This appendix discusses the key reliance items and assumptions used in projecting potential investment earnings for the Long Term Services and Supports (LTSS) Trust Program of the State of Washington.

INVESTMENT ASSUMPTIONS

The investment strategy assumes that positive cash flows purchase fixed income securities and / or equities according to the fixed proportion discussed below. Spreads are consistent with corporate bond equivalent (semi-annual) yield and are based on market conditions as of June 19, 2020. The tables included throughout this appendix reflect the June 19, 2020 interest rate environment.

We were requested to model three scenarios to examine potential investment returns supporting the Trust account:

1. *Current Law (Invest Treasuries)* scenario

Assumes investments in Treasuries only, which we understand to be consistent with the investment approach currently anticipated.

2. *Alternative (Invest Stocks / Bonds)* scenario (70% fixed income, 30% equities)

Under this alternative, we assumed additional flexibility to invest the Trust Account in stocks and other forms of investment. For this scenario we assume 70% is invested in fixed income and 30% is allocated for domestic and / or international common stock.

3. *Alternative (Invest Stocks / Bonds)* scenario (85% fixed income, 15% equities)

We also tested another alternative where stock and bond investments could be used, where 85% is invested in fixed income and 15% is allocated in equities.

Equities are assumed to be invested in common stock. Historical S&P index economic average returns support the long-term equity assumption of 7.73% used in testing.

Please note, the weighted average maturity of the fixed income investment strategy is around six years. This is based on the fixed income portfolio noted in the Washington State Investment Board (WSIB) 2019 Capital Markets White Paper. For long-term care products, private insurance carriers typically invest in longer duration assets to better match the long duration of the liability products. Longer duration fixed income assets generally earn higher spreads compared to shorter maturity assets under a normal market environment.

Exhibits A.1, A.2, and A.3 present the summary of reinvestment strategies under the three tests described above.

SUMMARY OF YIELD PROJECTIONS BY INVESTMENT STRATEGY SCENARIO

The net investment earned rates (NIER) are projected using the investment strategies described above. Spreads of each asset type were assumed to be held constant throughout the projection. The underlying interest rate environment is the projected forward curve shown at the end of this section.

Using the reinvestment assumptions stated above, the three investment scenarios result in the following projected annual investment yields if assets were purchased at the illustrated projection period:

APPENDIX A

PROJECTED FUTURE NET INVESTMENT EARNED RATES

Table A.1
State of Washington
Annual Investment Yields
Current Law (Invest Treasuries)

	Projection Year					
	0	10	20	30	60	75
Interest Rate	0.42%	1.59%	1.98%	2.41%	2.41%	2.41%
Gross Spread	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
Gross Yield (AEY)	0.42%	1.60%	1.99%	2.42%	2.42%	2.42%
Default Rate	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
Investment Expense	0.10%	0.10%	0.10%	0.10%	0.10%	0.10%
Net Yield (AEY)	0.32%	1.50%	1.89%	2.32%	2.32%	2.32%

Table A.2
State of Washington
Annual Investment Yields
Alternative Scenario (30% Equity / 70% Fixed Income)

	Projection Year					
	0	10	20	30	60	75
Interest Rate	0.42%	1.59%	1.98%	2.41%	2.41%	2.41%
Gross Spread	2.83%	2.76%	2.64%	2.51%	2.51%	2.51%
Gross Yield (AEY)	3.29%	4.41%	4.69%	4.99%	4.99%	4.99%
Default Rate	0.07%	0.07%	0.07%	0.07%	0.07%	0.07%
Investment Expense	0.10%	0.10%	0.10%	0.10%	0.10%	0.10%
Net Yield (AEY)	3.12%	4.24%	4.52%	4.82%	4.82%	4.82%

Table A.3
State of Washington
Annual Investment Yields
Alternative Scenario (15% Equity / 85% Fixed Income)

	Projection Year					
	0	10	20	30	60	75
Interest Rate	0.42%	1.59%	1.98%	2.41%	2.41%	2.41%
Gross Spread	1.90%	2.06%	2.01%	1.94%	1.94%	1.94%
Gross Yield (AEY)	2.34%	3.70%	4.03%	4.40%	4.40%	4.40%
Default Rate	0.08%	0.08%	0.08%	0.08%	0.08%	0.08%
Investment Expense	0.10%	0.10%	0.10%	0.10%	0.10%	0.10%
Net Yield (AEY)	2.15%	3.51%	3.85%	4.22%	4.22%	4.22%

Default Cost

Annual default costs are based on Moody's Data, and reflect long term default costs covering the period from 1920 through 2018. These costs reflect both the probability and severity of default. The default assumptions reflect annualized rates derived from cumulative experience from issue at a particular rating so that they reflect the tendency of ratings for any particular bond to move down over time.

APPENDIX A

PROJECTED FUTURE NET INVESTMENT EARNED RATES

Table A.4 State of Washington Default Costs		
Quality Rating	5-Year	10-Year
Government	0.00%	0.00%
AAA	0.01%	0.01%
AA	0.03%	0.04%
A	0.09%	0.12%
BBB	0.15%	0.19%
BB	0.71%	0.73%
B	2.72%	2.40%

For the reinvestment grids mentioned above, it was assumed that the allocations for AA, A, and BBB bonds are split evenly.

Investment Expenses

Investment expenses are included to cover portfolio management, accounting, and custodial costs as projected by investment accounting. The expense in this case is assumed to be an average of 10 bps on market value for all assets.

Treasury Yield Curve (Corporate Bond Equivalent)

The interest rate projections are based on the Constant Maturity Treasury yield curve as of June 19, 2020, used to determine the market spreads on reinvested assets.

Table A.5 State of Washington Constant Maturity Treasury Rates	
Maturity	As of June 19, 2020
90-day	0.15%
1-year	0.18%
2-year	0.19%
3-year	0.22%
5-year	0.33%
7-year	0.53%
10-year	0.70%
20-year	1.23%
30-year	1.47%

Forward Interest Rate Curve

The interest rate scenario of all three projections is based on the 6-year tenor of the forward curve as of June 19, 2020, found in the table below. The fixed income weighted average maturity of each reinvestment strategy is around 6 years.

APPENDIX A

PROJECTED FUTURE NET INVESTMENT EARNED RATES

Table A.6
State of Washington
Treasury Forward Curve
As of June 19, 2020

Projection Year	Maturity						
	2	5	6	7	10	20	30
0	0.19%	0.33%	0.42%	0.53%	0.70%	1.23%	1.47%
1	0.24%	0.48%	0.55%	0.65%	0.81%	1.31%	1.55%
2	0.36%	0.67%	0.71%	0.78%	0.93%	1.40%	1.62%
3	0.50%	0.81%	0.85%	0.91%	1.06%	1.49%	1.70%
4	0.74%	0.95%	0.98%	1.04%	1.18%	1.57%	1.77%
5	1.04%	1.09%	1.11%	1.16%	1.31%	1.65%	1.83%
6	1.07%	1.16%	1.20%	1.25%	1.40%	1.71%	1.88%
7	1.06%	1.21%	1.26%	1.32%	1.49%	1.76%	1.93%
8	1.17%	1.32%	1.37%	1.43%	1.60%	1.83%	1.98%
9	1.27%	1.43%	1.48%	1.55%	1.72%	1.89%	2.03%
10	1.37%	1.54%	1.59%	1.66%	1.84%	1.95%	2.07%
11	1.49%	1.66%	1.71%	1.78%	1.89%	2.01%	2.12%
12	1.60%	1.78%	1.83%	1.90%	1.94%	2.06%	2.15%
13	1.72%	1.90%	1.95%	2.03%	1.99%	2.11%	2.19%
14	1.84%	2.03%	2.04%	2.06%	2.03%	2.15%	2.22%
15	1.97%	2.16%	2.11%	2.08%	2.06%	2.18%	2.24%
16	2.09%	2.15%	2.12%	2.08%	2.08%	2.21%	2.26%
17	2.22%	2.12%	2.10%	2.08%	2.10%	2.23%	2.27%
18	2.36%	2.08%	2.08%	2.07%	2.11%	2.24%	2.28%
19	2.13%	2.02%	2.04%	2.04%	2.11%	2.24%	2.28%
20	1.86%	1.95%	1.98%	2.01%	2.10%	2.24%	2.28%
21	1.92%	2.01%	2.03%	2.07%	2.16%	2.27%	2.30%
22	1.98%	2.07%	2.10%	2.13%	2.21%	2.30%	2.33%
23	2.04%	2.14%	2.16%	2.20%	2.26%	2.32%	2.34%
24	2.10%	2.20%	2.22%	2.26%	2.30%	2.35%	2.36%
25	2.17%	2.27%	2.28%	2.31%	2.33%	2.37%	2.38%
26	2.24%	2.32%	2.33%	2.35%	2.36%	2.38%	2.39%
27	2.30%	2.36%	2.37%	2.38%	2.38%	2.39%	2.40%
28	2.37%	2.39%	2.39%	2.40%	2.40%	2.40%	2.40%
29	2.41%	2.41%	2.41%	2.41%	2.41%	2.41%	2.41%
30	2.41%	2.41%	2.41%	2.41%	2.41%	2.41%	2.41%

APPENDIX A EXHIBITS

Exhibit A.1
State of Washington
Summary of Reinvestment Strategy - Current Law (Invest Treasuries) Scenario
As of June 19, 2020

Asset Class	Rating	Allocation	Maturity	Duration	Treasury	Gross Spread	Gross Yield (AEY)	Investment Expenses	Expected Defaults	Net Yield (AEY)
Treasury	AAA	84.00%	5.0	5.0	0.33%	0.00%	0.33%	0.33%	0.10%	0.00%
Treasury	AAA	16.00%	10.0	9.7	0.70%	0.00%	0.70%	0.70%	0.10%	0.00%
Total		100.00%	5.8	5.7	0.39%	0.00%	0.39%	0.39%	0.10%	0.00%

Exhibit A.2
State of Washington
Summary of Reinvestment Strategy - Alternative (30% Equity/70% Credit) Scenario
As of June 19, 2020

Asset Class	Rating	Allocation	Maturity	Duration	Treasury	Gross Spread	Gross Yield (AEY)	Investment Expenses	Expected Defaults	Net Yield (AEY)
Public Bond	AA	12.18%	5	4.9	0.33%	0.45%	0.78%	0.10%	0.03%	0.65%
Public Bond	AA	2.32%	10	9.3	0.70%	0.90%	1.61%	0.10%	0.04%	1.47%
Public Bond	A	12.18%	5	4.9	0.33%	0.65%	0.98%	0.10%	0.09%	0.79%
Public Bond	A	2.32%	10	9.2	0.70%	1.12%	1.83%	0.10%	0.12%	1.61%
Public Bond	BBB	12.18%	5	4.8	0.33%	1.17%	1.50%	0.10%	0.15%	1.25%
Public Bond	BBB	2.32%	10	9	0.70%	1.67%	2.38%	0.10%	0.19%	2.09%
Emerging Market	AA	4.24%	5	4.9	0.33%	0.45%	0.78%	0.10%	0.03%	0.65%
Emerging Market	AA	0.81%	10	9.3	0.70%	0.90%	1.61%	0.10%	0.04%	1.47%
Emerging Market	A	4.24%	5	4.9	0.33%	0.65%	0.98%	0.10%	0.09%	0.79%
Emerging Market	A	0.81%	10	9.2	0.70%	1.12%	1.83%	0.10%	0.12%	1.61%
Emerging Market	BBB	4.24%	5	4.8	0.33%	1.17%	1.50%	0.10%	0.15%	1.25%
Emerging Market	BBB	0.81%	10	9	0.70%	1.67%	2.38%	0.10%	0.19%	2.09%
Foreign Bond	AA	2.00%	5	4.9	0.33%	0.45%	0.78%	0.10%	0.03%	0.65%
Foreign Bond	AA	0.38%	10	9.3	0.70%	0.90%	1.61%	0.10%	0.04%	1.47%
Foreign Bond	A	2.00%	5	4.9	0.33%	0.65%	0.98%	0.10%	0.09%	0.79%
Foreign Bond	A	0.38%	10	9.2	0.70%	1.12%	1.83%	0.10%	0.12%	1.61%
Foreign Bond	BBB	2.00%	5	4.8	0.33%	1.17%	1.50%	0.10%	0.15%	1.25%
Foreign Bond	BBB	0.38%	10	9	0.70%	1.67%	2.38%	0.10%	0.19%	2.09%
Securitized	AA	1.19%	5	4.7	0.33%	2.22%	2.57%	0.10%	0.08%	2.39%
Securitized	AA	0.23%	10	8.7	0.70%	2.22%	2.94%	0.10%	0.10%	2.74%
Securitized	A	1.19%	5	4.6	0.33%	3.47%	3.84%	0.10%	0.08%	3.66%
Securitized	A	0.23%	10	8.3	0.70%	3.47%	4.21%	0.10%	0.10%	4.01%
Securitized	BBB	1.19%	5	4.6	0.33%	3.47%	3.84%	0.10%	0.17%	3.57%
Securitized	BBB	0.23%	10	8.3	0.70%	3.47%	4.21%	0.10%	0.20%	3.92%
Domestic Common Stock	N/A	30.00%	N/A	N/A	0.00%	N/A	7.73%	0.10%	0.00%	7.63%
Total		100.00%	4.1	3.9	0.27%	0.68%	3.27%	0.10%	0.07%	3.10%
Fixed Income Only		70.00%	5.8	5.5	0.39%	0.97%	1.36%	0.10%	0.10%	1.16%

Exhibit A.3
State of Washington
Summary of Reinvestment Strategy - Alternative (15% Equity/85% Credit) Scenario
As of June 19, 2020

Asset Class	Rating	Allocation	Maturity	Duration	Treasury	Gross Spread	Gross Yield (AEY)	Investment Expenses	Expected Defaults	Net Yield (AEY)
Public Bond	AA	14.79%	5	4.9	0.33%	0.45%	0.78%	0.10%	0.03%	0.65%
Public Bond	AA	2.82%	10	9.3	0.70%	0.90%	1.61%	0.10%	0.04%	1.47%
Public Bond	A	14.79%	5	4.9	0.33%	0.65%	0.98%	0.10%	0.09%	0.79%
Public Bond	A	2.82%	10	9.2	0.70%	1.12%	1.83%	0.10%	0.12%	1.61%
Public Bond	BBB	14.79%	5	4.8	0.33%	1.17%	1.50%	0.10%	0.15%	1.25%
Public Bond	BBB	2.82%	10	9	0.70%	1.67%	2.38%	0.10%	0.19%	2.09%
Emerging Market	AA	5.15%	5	4.9	0.33%	0.45%	0.78%	0.10%	0.03%	0.65%
Emerging Market	AA	0.98%	10	9.3	0.70%	0.90%	1.61%	0.10%	0.04%	1.47%
Emerging Market	A	5.15%	5	4.9	0.33%	0.65%	0.98%	0.10%	0.09%	0.79%
Emerging Market	A	0.98%	10	9.2	0.70%	1.12%	1.83%	0.10%	0.12%	1.61%
Emerging Market	BBB	5.15%	5	4.8	0.33%	1.17%	1.50%	0.10%	0.15%	1.25%
Emerging Market	BBB	0.98%	10	9	0.70%	1.67%	2.38%	0.10%	0.19%	2.09%
Foreign Bond	AA	2.42%	5	4.9	0.33%	0.45%	0.78%	0.10%	0.03%	0.65%
Foreign Bond	AA	0.46%	10	9.3	0.70%	0.90%	1.61%	0.10%	0.04%	1.47%
Foreign Bond	A	2.42%	5	4.9	0.33%	0.65%	0.98%	0.10%	0.09%	0.79%
Foreign Bond	A	0.46%	10	9.2	0.70%	1.12%	1.83%	0.10%	0.12%	1.61%
Foreign Bond	BBB	2.42%	5	4.8	0.33%	1.17%	1.50%	0.10%	0.15%	1.25%
Foreign Bond	BBB	0.46%	10	9	0.70%	1.67%	2.38%	0.10%	0.19%	2.09%
Securitized	AA	1.44%	5	4.7	0.33%	2.22%	2.57%	0.10%	0.08%	2.39%
Securitized	AA	0.28%	10	8.7	0.70%	2.22%	2.94%	0.10%	0.10%	2.74%
Securitized	A	1.44%	5	4.6	0.33%	3.47%	3.84%	0.10%	0.08%	3.66%
Securitized	A	0.28%	10	8.3	0.70%	3.47%	4.21%	0.10%	0.10%	4.01%
Securitized	BBB	1.44%	5	4.6	0.33%	3.47%	3.84%	0.10%	0.17%	3.57%
Securitized	BBB	0.28%	10	8.3	0.70%	3.47%	4.21%	0.10%	0.20%	3.92%
Domestic Common Stock	N/A	15.00%	N/A	N/A	0.00%	N/A	7.73%	0.10%	0.00%	7.63%
Total		100.00%	4.9	4.7	0.33%	0.82%	2.32%	0.10%	0.08%	2.13%
Fixed Income Only		85.00%	5.8	5.5	0.39%	0.97%	1.36%	0.10%	0.10%	1.16%

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