

OPEN MEETING MINUTES

Name of Governmental Body: Family Caregiving Workgroup Governor's Task Force on Caregiving			Attending: : Task Force Members: Lisa Pugh, Todd Costello, Susan Rosa, Helen Marks Dicks, Sen. Kathy Bernier By Phone: Jane Mahoney State Staff: Faith Russell, DHS, Lynn Gall, DHS, Allie Boldt, DHS; Andrew Evenson, DWD
Date: 2/20/2020	Time Started: 2:05 pm	Time Ended: 3:34 pm	
Location: Dane County Department of Human Services, Northport Dr., Madison, WI			Presiding Officer: Lisa Pugh and Todd Costello
Minutes			

GOVERNOR'S TASK FORCE ON CAREGIVING Family Caregiving Workgroup February 20, 2020

Workgroup members viewed a webinar sponsored by the National Academy for State Health Policy (NASHP) entitled "Family Caregiving Policies and Innovations." A representative from the John A. Hartford Foundation referred to [recommendations](#) in the publication "[Families Caring for an Aging America](#)".

Topic: Emerging State Best Practices to Support Family Caregivers

During the webinar, innovations were highlighted from the states of Washington and Tennessee. In addition, workgroup members were encouraged to review the unique innovations in five states included on this website: <https://www.chcs.org/supporting-family-caregivers-early-lessons-from-state-innovators/>

Common themes include:

1. Take time to test new approaches, such as providing transportation, hosting educational webinars, or offering more flexible work hours and sick leave policies, as there is value in pilot testing new approaches and iterative refinement.
2. Assess family caregivers' experience carefully in order to tailor services to the individual.
3. Increase awareness and visibility of family caregivers and encourage caregivers to seek supports on their own behalf.
4. Support the aging network including state and local agencies that provide services and supports to older adults to maximize their collaborative efforts.
5. Focus on cross-sector integration at the local level to align financing, information systems, and service delivery so that services can be coordinated across health plans and service providers. Information about Washington and Tennessee projects are included in the webinar slides attached to these minutes.

I. THE MEETING WAS CALLED TO ORDER AT 2:05 P.M.

II. CONTINUED DISCUSSION FROM FEB. 6 MEETING

1. Clearinghouse: Identify the role ADRCs can have compiling resources and determine their capacity to achieve the goals of the original clearinghouse proposal

2. Caregiver Assessment – What assessments are currently being done in what settings? Who could be doing them?
3. Upcoming meetings, including March 19 and questions we would like the Wisconsin Hospital Association to address.

Carrie Molke, director of the DHS Bureau of Aging and Disability Resources (BADR) and Phoebe Hefko from the Office of Resource Center Development (ORCD) were invited to address questions related to items 1 and 2 above.

Aging and Disability Resource Centers (ADRCs) serve all people age 18+ regardless of their income. It is a common misconception that ADRCs are mainly an entry point for Medicaid services. In reality, the majority of people who use an ADRC are not enrolled in Medicaid. Approximately one-half million Wisconsin residents access ADRCs for a variety of reasons every year. ADRCs are already set-up to serve as a one stop shop for caregivers. ADRC staff make home visits, and intake for most aging and disability programs can be done at a person's home.

ADRC Information and Assistance services and Options Counseling are free to any Wisconsin resident. The services and providers that people are referred or connected to by ADRC staff are not necessarily free. In many cases, in-home services are arranged for and paid by private individuals.

A Task Force member stated that there is a misconception about the role of ADRCs in different parts of the state, and that this workgroup needs to address how to clarify misconceptions.

Ms. Molke agreed that misconceptions exist, in part, because ADRCs do not have adequate funding to market their services. Any marketing that an ADRC chooses to do must come out of the operational funding awarded by the Legislature, or funding that is drawn down from the federal government when serving Medicaid-eligible individuals.

The state appropriation funding ADRCs has not increased since 2006. The only supplement to state funding comes from an agreement with the federal government, which allows ADRCs to be reimbursed for Medicaid related services, such as completing a LTC functional screen or ADRC staff having a conversation with customers about the LTC Medicaid program.

In total, Wisconsin's ADRC funding is approximately \$65 million total to cover 72 counties and 11 tribes. Broken down, the GPR amount is approximately \$38m GPR and the ADRCs can claim Medicaid administrative funding for activities they provide that are Medicaid-related, so the Medicaid funding varies. This funding must provide a defined set of ADRC services. If the Task Force were to add more requirements to ADRCs, such as administering a TCare assessment, the extra cost would have to come out of ADRC's already stretched budgets.

ADRCs are required to market their services to the general population but currently lack the funding to do it well. Additional special grant funding was awarded to BADR several years ago to do promotional outreach on a statewide level, and the campaign was successful. However, the public outreach and promotions ended when the grant ran out.

If additional GPR funds were awarded to ADRCs, TCare screening could potentially be administered through Wisconsin's ADRCs. The cost of purchasing TCare would fall on the ADRC. There would be no cost to caregivers.

Statewide Toll-Free Number for Caregiver Support Services

Better marketing of ADRCs could address the issue of caregivers not knowing where to go. The simplicity of marketing a clearinghouse was the original attraction of proposing the creation of a toll-free number because it was believed that if marketing funds were provided to ADRCs, outreach then becomes regional instead of statewide.

It was suggested that the purpose of establishing a statewide toll-free number should be to answer general questions and connect callers to their local ADRC, not get into the details of their caregiving situation. Staff would connect callers directly to a person at their local ADRC so callers would not have to make a second call.

Carrie explained that a statewide toll-free number for ADRCs had not been established in the past due to cost of staffing it, and the understanding that people don't want to retell their personal stories over and over. Since access to local resources cannot be completed by someone at the state level, a referral has to be made to the local ADRC. However, there is a DHS website that directs a person to their local ADRC, as does WisconsinCaregiver.org via this page:

<http://wisconsincaregiver.org/local-resources>.

Wisconsin's Family Caregiver Support Programs used to have a statewide toll-free number funded by GWAAR and staffed by Interfaith Older Adult Programs in Milwaukee, but the number was lost when Interfaith merged with another agency. A question was asked about options for automated phone options to direct a person to local ADRCs, especially after hours.

A Task Force member inquired: Presuming that the level of caregiver support services provided today is adequate – how much additional funding would be needed to serve caregivers for the growing number of older adults projected by the DHS Office on Aging?

<https://www.dhs.wisconsin.gov/aging/demographics.htm>

How much additional money would be needed to keep caregiver supports at the same level as today?

DHS will research this question and respond to the Task Force.

Required ADRC services? Task Force members were interested in understanding what types of services ADRCs provide. Ms. Molke provided the following information:

1. Information and Assistance – Information about a wide-range of topics, including follow-up assistance, not just making referrals to other agencies. During follow-ups, it is a chance to help people who are not acting on information provided, have encountered a barrier, or need more help to get the assistance needed.
2. Long Term Care Options Counseling – In depth conversation and assessment that explores all options, weighs pros and cons and get them connected.
3. Dementia Care Specialist at most ADRCs – Provide evidence-based caregiver support programming, support groups, and other dementia-related resources.
4. Help accessing public programs, if that's what a caregiver wants or needs.
5. Benefits Specialists – Work with caregivers to help them navigate the system regarding insurance and social security coverage, and help figure out when/what it takes to be Medicaid eligible. Includes elder benefit specialists and disability benefit specialists.

6. Disability Benefits Specialist: Tend to focus on SS disability (because of demand) but deals with all issues, like elder benefit specialists.

[Click Here](#) for a full list of ADRC services.

Members feel strongly that people referred to ADRCs must be able to get what they need at one location. Gaps in information or services at ADRCs should be identified by the group and recommendations put forth how to address them. Would ADRCs be able to handle an expansion to more fully address caregiver needs?

The [ADRC Contract/Scope of Services](#) provides additional information about the full scope of services provided by ADRCs.

Additional discussion:

1. The State of Washington applied for a Medicaid waiver specifically to address caregiver needs to provide programs with another funding source. It was suggested that a similar waiver here could be the least costly waiver Wisconsin provides.
2. Can caregiver support be expanded through the Medicaid state plan? DHS will research this and respond to the Task Force. This would not help people who are not Medicaid eligible.
3. It was requested that DHS provide a summary of ideas the department has to help caregivers regardless of income for the Task Force to consider.
4. DHS Long Path Planning - Next generation thinking 25 years out.
It was agreed that the department should be thinking long path, but a member suggested that this Task Force can really only plan for the next one or two budget cycles.
4. Sen. Bernier expressed interest at looking at options for non-Medicaid programs because one of the state's goals should be to save state funding by reducing the number of families in need of a full-service Medicaid LTC program.
5. BADR has received a federal grant to calculate a return on investment for ADRC services, and results should be available this summer. The Task Force mentioned that the findings could be used as part of final document submitted to Governor Evers.
6. Sen. Bernier said that Managed Care Organizations (MCOs) in the State of Washington are training caregivers. ADRCs must be able to train and assist caregivers in their roles because Wisconsin doesn't have enough personal care workers available for hire. The role and duties of personal care workers may need to be reconsidered given that there is a direct care worker shortage. Should direct care workers be spending time and skills doing laundry or similar chores if caregivers are physically able to do them?

III. APPROVAL OF FEB. 6 MINUTES

Helen Marks Dicks moved to accept as written. Sue Rosa seconded.
Approved unanimously.

IV. MARCH 5 THROUGH MAY WORKGROUP MEETINGS

- All upcoming workgroup meetings will be in Madison at the Community Living Alliance.

- DHS will provide information on ADRC core services, service gaps, and what it will cost Wisconsin to maintain current service levels as the state's older adult population grows in future decades.
- Questions the group should contemplate before next meetings:
 1. What should be the core set of ADRC services?
 2. What would be the cost?
 3. What mechanism should fund these services?
- Reframe the clearinghouse and statewide toll-free number proposals to one focusing on ADRC and caregiver program marketing, initial intake and referral to ADRCs ... and ensuring that ADRC and caregiver program funding is sufficient to provide services to an influx of new customers.
- Question regarding FMLA and LTC Trust Act: Is follow-up needed, or is there a chance for something similar in Wisconsin? Wisconsin once had a bill introduced and a hearing scheduled, but it never got out of committee.
- March 19 – The Wisconsin Hospital Association (WHA) will present on current laws and hospital industry practices related to caregivers' roles in discharge planning and instruction for home care. Task Force members will be able to ask WHA reps questions.
- Webinar follow-up calls will be made by Lisa Pugh. Questions remain related to savings as a result of Washington state waivers.

V. PUBLIC COMMENT
None

VI. ADJOURNED AT 3:34 P.M.

Prepared by: Lynn Gall, DHS Office on Aging on 2/28/2020.

These minutes are in draft form. They will be presented for approval by the governmental body on: 3/5/2020