

OPEN MEETING MINUTES

Name of Governmental Body: Family Caregiving Workgroup Governor's Task Force on Caregiving		Attending: Lisa Pugh, Todd Costello, Susan Rosa, Rep. Deb Kolste; Helen Marks Dicks; Sen. Kathy Bernier; Elsa Diaz Bautista; Jane Mahoney, Susan Rosa	
Date: 5/6/2020	Time Started: 9:30 am	Time Ended: 12:00 pm	State Staff: Faith Russell, DHS, Lynn Gall, DHS, Andrew Evenson, DWD Guests: Janet Zander, GWAAR; Maria from Rep. Kolste's office.
Location: Teleconference		Presiding Officer: Lisa Pugh and Todd Costello	
Minutes			

**Governor's Task Force on Caregiving
Family Caregiving Workgroup
Wednesday, May 6, 2020**

I. Welcome

- Review of agenda

II. Approve minutes

- Rep. Deb Kolste moved to approve. Jane Mahoney seconded.
Approved with no amendments

III. Review of TCare Proposal

Jane Mahoney spoke with Linda Miller at TCare and received the attached proposal for a smaller TCare pilot project instead of the whole state. The smallest number of program managers they train is 25, which may be enough managers for a pilot larger than just Milwaukee County and one ADRC. Minimum cost for a pilot project is \$60,000 the first year. Relicensing 25 TCare care managers at pilot sites will be an annual cost of \$50,000 for the life of the pilot project. The goal is to reach at-risk caregivers earlier and provide cost-saving interventions that prevent costly out-of-home placements.

Question: Lisa Pugh: What are the custom reports listed in the proposal? She would like a list of the different types of reports that would be available.

Answer: Jane Mahoney - Depending on what information we want to look at, the TCare software can be set up to generate reports as desired.

Question: Lisa Pugh: Who are the executive and technical leads mentioned in the proposal? Are those ongoing people who would sustain the system? Would they be new staff or current staff at ADRCs?

Answer: Jane Mahoney - This could be set up however pilot sites want to do it. It will probably depend on where the pilots end up taking place, as well as on who would be doing the TCare assessments.

Question: Todd Costello - What is the availability of ongoing tech support from TCare, and is there a cost?

Answer: Jane Mahoney - Her understanding is that there is no additional cost and there is 24/7 customer support.

Question: Lisa Pugh - Questioned why the proposal states a minimum purchase of 100 licenses.

Answer: Jane believes the 100 number is from a different TCare proposal, not for this pilot. She pointed out that several references in the document provided to the Task Force are not correct. She will follow-up to make sure all items listed are available if the project only has 25 licenses.

Question: Elsa Diaz Bautista - Is there a way to include language that speaks to the return on investment or long term savings as a result of this investment now?

Answer: The TCare executive summary shared on 5/5/20 lays out some of the cost savings experienced by Washington State. This cost savings information is important to document because the Wisconsin state budget process requires a cost benefit analysis.

Question: Rep. Deb Kolste and Sen. Kathy Bernier - Is there data available from other states beyond Washington? Try to include information from Wyoming to balance findings from politically diverse states to strengthen the argument that TCare works everywhere.

Answer: Jane Mahoney - Yes. The first paragraph of the proposal lists other states that also have implemented TCare. She will ask Linda Miller to provide additional cost savings results from other states as well, including Wyoming.

Question: Sen. Kathy Bernier - Asked if TCare would be used by Family Care? She would be concerned if TCare determined a caregiver needed assistance and then they were sent to FC for that assistance instead of to other programs. She doesn't want to overburden FC.

Answer: Lisa Pugh - No, FC eligibility is based on the financial and functional ability of the care recipient, not the caregiver. But this raises the question, do we want TCare assessments piloted for a non-Medicaid population or for people already in the Medicaid system, like Family Care and IRIS? There can be savings for caregivers across both programs but we may want to pilot a program for one population or another.

Question: Lisa Pugh asked members to provide direction for which populations should be included in the TCare pilot.

Answer: Given the state's budget situation, this decision may eventually depend on the source of funding available to use. Leave decision open until it is known what funding will be available, but include recommendations for possible sources of funding in the final recommendation.

Question: Elsa Diaz Bautista - Can it be made clear that this TCare assessment will not be used as a tool to make caregivers prove that they can perform a certain kind of caregiving task? Include language ensuring that TCare will only be used to assess what resources and aid a caregiver's situation may benefit from.

Answer: Yes, the final recommendation will include language that makes it clear TCare will not be used to determine whether or not a caregiver is capable of performing a task. Assessment questions are about measuring a caregiver's feelings and stress levels, and finding ways to support them - not determining whether a person is capable of performing a certain task.

Additional Comments:

- Jane Mahoney: To make this fiscally responsible, it needs to be operated in more than two areas with 25 licenses. She will ask how many people per license is realistic. It is not going to be possible to use COVID-19 ADRC money for this project because DHS must use the money

as stated in the application submitted to ACL. In addition, Older Americans Act CARES money has to be allocated to aging units and cannot be used for a special state or task force project.

- Sen. Kathy Bernier: Suggested that the workgroup look at DHS regions and consider the NW or NE region of northern WI in order to cover enough people and justify licensing for 25 TCare licenses rather than a pilot in just a few counties.
- Rep. Deb Kolste: The actual cost is also going to include what is done with the information. Doesn't know that this cost to DHS is reflected in this proposal. It is unknown if DHS can absorb this cost into current programs without hiring new staff.
- Lisa Pugh is concerned about returning family members to congregate settings, which could lead to more people wanting to keep family members at home. This translates to families needing more support. As the state reopens, some settings will have more restrictions on the number of people they can serve or have limitations on staff, which is why now is the time to invest in supporting caregivers and for us to be thinking about how we can do this differently, and track how we do it. This is a critical time to make these changes for family caregivers.
- Helen Marks Dicks would like to know the total cost of running the pilots and the projected cost going forward. She has concern about the task force using too much of its political capital in one single recommendation. Would like to see final numbers first. Depending on how the COVID-19 pandemic plays out, we may see a total restructuring of nursing homes and a reluctance to place people there. We may end with a system that more favors keeping people at home. It is worth keeping the assessment issue alive as we see how things unfold because it could be useful.
- Rep. Deb Kolste worries that the current proposal underestimates what TCare will actually cost. She asked if others thought this money would be better invested in services that caregivers need, such as respite or providing more technology.
- Lisa Pugh: One thing that TCare does by asking questions in an evidence-based way is triage needs and then direct resources to where they are needed most. This addresses current inequities in service provision and aids in reaching individuals at risk for nursing home or other out of home placement.
- Sen. Kathy Bernier: Assessments in the LTC system are now only done to see if a person is eligible for Family Care. It does not assess the caregiver's needs. She agrees that more people are going to be wanting to keep family members at home with them as a result of the COVID-19 pandemic. TCare will be a useful tool to keep people in their homes longer without entering the Medicaid system.

FOLLOW-UP: Jane Mahoney will explain to Linda Miller that the TCare pilot under consideration is for the 25 minimum licenses in at least two geographic areas, one likely Milwaukee county and another a rural area that includes several counties. She will also request documentation for staffing that other states committed to TCare, including state staff.

IV. Presentation – Wisconsin Hospital Association (WHA) (presentation attached) *Discharge Planning and Care Transitions in Wisconsin*

By Kyle O'Brien, WHA Government Relations; Beth Dibbert, Chief Quality Officer; Laura Rose, VP Public Policy; and Diane Ehn – VP Post Acute Care, Froedert Hospital.

Question: Does the survey cited in today's presentation capture a caregiver's ongoing competency in performing tasks that they are asked to provide?

Answer: Beth Dibbert - The survey is answered by the person who receives the care. But there are questions about if they felt their preferences are taken into account related to who their caregiver is. Patients are asked to grade the hospital on how well that discussion happened related to post hospitalization care.

Kyle O'Brien – Feedback from patients and families is huge to hospitals and hospitals respond to it. There are times when the patient and caregivers are not aligned, which is why hospitals want to make sure that lines of communication are open between hospitals and patients and that caregivers are working alongside to provide care.

Question: Sen. Kathy Bernier: Many patients being discharged are unable to comprehend the questions due to their health condition. Do caregivers then answer survey questions on their behalf in those cases?

Answer: Yes, but hospitals cannot be sure if people get help answering those questions, but the broader scope of the question allows it.

Question: Lisa Pugh – Our workgroup is focusing on the caregiver who is responsible for continuing the healing and care. Our concern is that there might not be any direct follow-up with the caregiver to ask if they're feeling competent doing needed tasks after the person is discharged.

Answer: Ongoing education is recorded by nursing staff who did the teaching of how to provide care. They are required to record if the patient or caregiver can do a teach-back and then rate their ability to know where the caregiver is at. Proper instruction is important to prevent readmissions. When a person is in the Transitions to Home Program, there is another series of questions to gauge if they understand managing meds and have transportation needs, etc. The ambulatory care coordination department follows up and determines where people are struggling, and the medical director addresses needs on the in-patient and outpatient side.

Question: Sen. Kathy Bernier: If the caregiver is not able to provide the needed care, do you consider another option for rehab in a care facility?

Answer: Yes, physical, mental and emotional state of the caregiver is very important to us. You may want to provide care, but you must be able to do it. Health systems need the freedom of creativity to come up with new ways to work with patients the best we can and offer new options to people. This is especially true with medically fragile children or adults.

Question: Sue Rosa: It was said that the system is built into Epic and MyChart. What percentage of Wisconsin hospitals subscribe to Epic? Also, is it mandatory that discharge questions are asked?

Answer: Kyle: Isn't sure how many hospitals use Epic, other EMR platforms exist. Can't judge data sharing just based on Epic system use.

Diane Ehn: CMS and the Joint Commission require hospitals to engage the family caregiver in decision making. In order to show compliance, we have to be able to pull up those questions and show what we are doing. The Commission also calls families to verify that we are doing it. Regardless of private or public payment, all patients must be treated the same under the law. We cannot treat people differently based on their insurance coverage or payment method.

V. Review and Discussion of other Workgroup Policy Areas

- **Legislative Package:** Leave in recommendations and let the Governor decide whether to include it in his budget or not. Caregiver hands-on instruction may be happening in the best health care systems, but it is not everywhere, including small rural hospitals.
- **ADRC Investment** – BADR doesn't have an estimate yet of what it would cost to fully fund ADRCs at a level that adequately supports family caregivers. DHS is looking at ideas for fulfilling the direction of this proposal and one option would be for the Task Force to express support for will DHS in determining the best ways to do this.

VI. Ad Hoc Registry Workgroup

Lisa Schneider provided an update on what other states are doing for a registry and funding sources. An RFI for potential registry development/design vendors was developed by the workgroup and will be issued by the DHS Procurement Department. An overview of the draft was provided at the meeting. The RFI will be open to anyone to apply. Plan is for it to go out on May 12 and due back by May 26. Responses will be shared with full Task Force on May 28.

Question: Sen. Kathy Bernier: Will registry information be public? She is strongly against information being given to anyone outside the DHS and providers.

Answer: Faith Russell The sub-group is still looking into requirements and options. She is quite certain there will be no public access to a full registry database. The sub-group will be gathering necessary info to make sure everyone is comfortable with the safety aspects before any registry project is approved.

VII. Full Task Force Meeting on May 28

Currently scheduled for a full day via Zoom but may change. No additional workgroup or Task Force dates have been set after May 28. Will need to make decisions about what work is left to be done, if there is a need to meet over the summer or possibly some members would get involved with meetings of subgroups of the Paid Direct Care Workforce Workgroup.

VIII. Public Comments

- **Janet Zander, GWAAR** – Expressed appreciation for the Workgroup moving forward on some of these initiatives even though we're going to be in difficult financial times. It's important to lift up these policy items even if we know some of them will have to be put off. Caregivers have important needs, and this group is sending an important message.

IX. Adjourn

Sen. Kathy Bernier moved. Elsa Diaz Bautista seconded.