DRAFT

OPEN MEETING MINUTES

<table>
<tr><td colspan="3">Name of Governmental Body: Direct Care Workforce Workgroup, Governor's Task Force on Caregiving</td><td rowspan="2">Attending: Members: Ted Behncke, Stephanie Birmingham, Jane Bushnell, Todd Costello, Bill Crowley, Jason Endres, Adien Igoni, Laverne Jaros, Mike Pochowski, Lisa Pugh, John Sauer, Margie Steinhoff, Sen. Patty Schachtner, Lisa Schneider, Beth Swedeen, Mo Thao-Lee
State Staff: Andrew Evenson (DWD), Lynn Gall (DHS), Faith Russell (DHS)
Public: Janet Stockhausen, Sarah Barry (Sen. Schachtner's Office), Tami Jackson (Survival Coalition), Stacy Ellingen, Matt Ford, Janet Zander (GWAAR)</td></tr>
<tr><td>Date: 5/6/2020</td><td>Time Started: 1:00 pm</td><td>Time Ended: 4:00 pm</td></tr>
<tr><td colspan="3">Location: Video Conference: https://dhswi.zoom.us/j/475063402</td><td>Presiding Officer: Lisa Pugh and Todd Costello</td></tr>
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Minutes

Governor's Task Force on Caregiving
Direct Care Paid Workforce Workgroup

Wednesday, May 6, 2020

I. Welcome

Todd Costello welcomed members and reviewed the agenda with a focus on the policy proposals for the May 28th full task force meeting. Policy presentations will be limited to 20-25 minutes each. Costs will play a factor in whether a proposal is made into a recommendation and members will have to show how the benefits outweigh any costs.

- *Approved minutes from previous meeting*
  - Todd asked for a motion and a second to approve the minutes. Stephanie motioned to approve, Lisa seconded. Minutes were approved.

II. Review of Policy Proposals

A. Background Check Policy

- Goal is to achieve clarity and reduce confusion over various background check policies across programs (e.g. with respect to risk agreements). Currently, personal care agencies and clients can sign a risk agreement that acknowledges their awareness of an applicant's past background history and that the client is knowingly agreeing to hire the individual. This option does not appear to be available to IRIS participants.
- The subgroup is looking to meet with members of DHS and fiscal agencies to gain more information on their policies.
- Jane commented that IRIS is a more restrictive background check, further research is need for the reason behind those restrictions. The option of a risk agreement would be helpful for IRIS and remove barriers.

- Todd is looking at a rehabilitation program that would restore a person's ability to work in these professions.
- A portable background check recommendation would be helpful for providers to not have to do additional background checks.
- Lisa asked if all the research could be done before May 28th meeting or if aspects of the proposal could be taken up at that meeting. An IRIS waiver similar to the waiver for the other long-term care programs will be a priority to explore further, but it is too soon to say if that proposal will be ready by May 28th.
- Jason asked if the IRIS leadership can meet with the sub group soon so that the items can move forward. Todd said they are working with those leaders to set up meetings.
- Lisa mentioned that when she hired an IRIS worker that had passed a background check and was working for a different consumer, and when a second background check was done, they failed. There are five gray area convictions that can be interpreted differently. This may be an option to be waived as part of a proposal.
- Jason asked about the meeting and Jane will get the info on the call tomorrow and forward to other members of the subgroup.
- Next Step: The proposal will move forward to the May 28th meeting.

B. Untapped Worker Training

- Develop a statewide standard for training direct support professional.
- Have a training guide aligned with statutory training requirements for use in community and facility-based settings.
- Provide a career ladder to CNA certification by providing credit for prior learning or work experience.
- Create dedicated units in jobs centers that direct job seekers toward becoming a direct support professional.
- 3 Tier approach:
  - Tier 1 would provide training leading to personal care worker certification.
  - Tier 2 would provide additional enhanced training that could also lead to career advancement in other community-based service settings.
  - Tier 3 would be CNA certification that would recognize direct support professional certification training to be applied.
- There are excellent existing training models, and best practices can be standardized.
- Ted said that a tier system should be reflected in a rate model with higher rates paid for the increased tiers.
- The goal is for the training to be transferable to various settings; there may be some additional training needed for specific settings.

- Mike asked if the training guidelines would allow existing training systems that providers have to continue to use them if they meet the criteria.
- Beth said this is not to deter IRIS participants from the training that they do, but to enhance the professional skills.
- Mo said the goal is identify the specific areas that could be a standard program. If there is a category that a provider doesn't currently provide training in, they would need to add it. The topics still need to be identified.
- Jane asked if the supportive home care training standards and personal care standards were reviewed. Todd said they will be reviewed.
- John likes the ability to reward individuals with extra training; he asked if that might result in incentives for a provider to hire the minimal level worker (cheaper) instead of rewarding those with additional training. The recommendation would need to reward those that have been hiring higher trained staff.
- Further outreach to stakeholders will continue.
- Mo asked for more specifics on what items will be in each tier for the proposal to be ready. Todd said there will be workgroup meeting next week to work on the details and do more research.
- Next Step: The proposal will move forward to the May 28th meeting.

C. Regulatory and Compliance

Community-Based Residential Facilities Hiring & Agency Regulatory Compliance

- During the COVID-19 health emergency, providers are concerned with future audits and having funds recouped.
- The concern is that auditors may not have access to the exceptions DHS made during the crisis. An example is that DHS has allowed virtual visits.
- Seeking a definitive start and end date for the emergency period. Providers can use this in response to audits.
- Post COVID-19, clerical errors for care that was provided during the pandemic should still be paid.
- Requesting a look back period for audits to be limited to 12 months. Turnover in employees and maintaining records for longer is a burden on staff.
- When providers lose funds to recoupment, they do not take pay back from the caregiver. So the providers have to absorb those losses.
- Personal care agencies (PCAs) would be helped if MCOs and HMOs had similar policies to make it easier to comply.
- Prior authorizations should run one year.
- OIG should use the non-skilled code for audits of PCAs. DHS regulations defines PCAs work as non-skilled.
- Request to lower age for CBRF workers from 18 to 16 permanently based on experience from the emergency order.

- Lisa asked how long the current waiver is allowed for. The waiver extends 60 days after the end of the emergency order. An additional waiver maybe needed.
- Lisa recommended that virtual visits should have a set criteria if they are to continue.
- Next Step: The proposal will move forward to the May 28th meeting.

D. Rates Recommendation

- Ensure rates in the Family Care, IRIS, and CLTS (Children's Long-Term Support) programs reflect workforce costs and market indicators. Recommend developing a statewide maximum rate band that:
  - Starts with worker wages,
  - Is transparent and consistent across LTC programs;
  - Includes cost of living index, and d. includes provider input from the beginning.
- Require a Medical Loss Ratio of at least 85% that does not include case management.
- Direct care worker fund that could be used for long term permanent rate increases, and not a bonus. DHS said it could be challenge, but it was possible.
- Lisa said that the 85% is a floor goal.
- Todd asked if all providers would be represented.
- Stephanie would like rates to increase for those not in family care, such as fee for service Medicaid.
- Mo asked if Minnesota was reviewed as a model; their rate reflects the level of work required to serve patient. There would still be a standard level rate, but additional payment when additional care is needed. Lisa said there are max rates that exist, however there are different levels to reach that.
- John said that Wisconsin has some of the worst reimbursement rates in the country.
- Lisa asked if John's nursing home rate proposal would have a fiscal note. John said there would be a fiscal effect, which could be spread over more than one budget, but something has to be done to have rates reflect costs.
- Todd asked for specific language for the nursing home rate proposal and if that the subgroup could work on that issue. John said he would work on language that would focus on rates that reflect actual cost of care.
- Next Step: The proposal will move forward to the May 28th meeting.

E. Awareness Campaign

- Laverne said that the subgroup was still reviewing the materials but wanted to continue with having a recognition and recruitment campaign for caregivers.
- The WisCaregiver awareness campaign could be adapted to the continuum of long-term care.
- There are tool kits for local and regional marketing for a low cost. Outreach would be done to better determine those costs.

- Social media would be the best use of dollars.
- Lisa suggested collecting stories of caregivers that have gone above and beyond during this time.
- Outreach will be made to DHS for more information.
- Lisa S. will send more information on funding sources to Laverne.
- Next Step: The proposal will move forward to the May 28th meeting.

F. Definition of Health Care Provider

- Lisa said as the state re-opens, a definition of health care provider is important.
- Some states are expanding on their COVID-10 definition of “health care provider” to specifically include providers of home and community-based services (community health providers) for people with disabilities and older adults as part of the recognized essential workforce that is keeping vulnerable populations safe while also risking their own health by providing essential personal cares that cannot be completed with social distancing.
- People with disabilities and older adults sometimes live and receive care in congregate settings such as group homes, community-based residential facilities or nursing homes where COVID-19 spread and fatality rates have been disproportionately high. Ensuring that Wisconsin’s COVID-19 definition of health care provider is inclusive will ensure that these community-based workers and their employers can access all appropriate benefits, flexibilities and protections.
- Wisconsin should, in all COVID-19 response planning and policies, adopt a definition of health care provider that includes any employee or any provider of support to people with I/DD, people with physical disabilities, older adults, individuals with mental health needs, including substance use, and anyone who is providing direct care and support essential to activities of daily living and independence funded through any state or federal program, including Medicaid Home and Community-Based Services waivers.
- Lisa said that as local and regional re-opening occurs that this definition should be used to make sure that there is a seat at the table in those discussions.
- Stephanie said it is unclear about those receiving care in their homes. The definition does include home and community-based programs, but the definition could be made clearer.
- Next Step: The proposal will move forward to the May 28th meeting. [Note: a subsequent decision was made to call for a special one-hour meeting of the full Task Force as soon as possible to take this issue up.]

III. Next Steps

- *Ad Hoc Registry Workgroup:* Lisa S. provided an update on what other states are doing for a registry and funding sources. Lisa S. drafted an RFI with a template that was shared with DHS. DHS agreed to issue an RFI for a registry. The goal is to have information back from the RFI before the May 28th meeting.
- *Full Task Force Meeting on May 28*

- All six proposals will be presented and discussed following additional work done by the subgroups before that. Members should reach out ahead of the May 28 meeting with questions to subgroups so changes can be made in advance.
- Public webinars will be scheduled after the May 28th meeting to gain feedback on proposals from stakeholders.

IV. Public Comment

Stacy Ellingen, Oshkosh

Being able to stay at home through IRIS is the best and cost effective option. It is near impossible to find workers when wages are so low that people find higher paying other jobs. The task force is heading in the right direction, but should go further in making sure workers get paid enough to provide this valuable service.

Tami Jackson, Survival Coalition

Supports the expended definition of health care provider. The services provided are keeping people of the hospital and extended people's life and out of nursing homes. Survival Coalition has recommendations on how best to keep individuals from living in a group setting.

Additional comments provided in the chat:

Survival Coalition is appearing today to underscore the necessity of equally prioritizing the direct care professionals who provide the in-home care for 85,000 older adults and people with disabilities in Wisconsin.

The home and community based (HCBS) workforce providing in-home care to the 85,000 people in Family Care, IRIS, and Children's Long-Term Support waiver programs must be recognized as essential health care providers who provide tremendous value to our health care system by keeping vulnerable patients out of the hospital and incredible value to the state by keeping peopling living and working in their communities and out of nursing homes.

This pandemic has demonstrated that congregate settings can facilitate rapid spread of disease to the people they serve, staff, and in turn the greater community.

We are seeing a trend of people concerned about allowing their loved ones back in congregate settings due to what is known about the higher risk – and that this level of concern is anticipated to continue. The new way of doing business may involve fewer people in congregate settings. We need focused investment in HCBS settings, workforce and families.

We need to recognize the value that HCBS services have in keeping high risk populations healthier and safer. COVID-19 has revealed inequity in the state's investment in HCBS workforce.

HCBS workers need the same protections, pay, and benefits that recognize the greater risk they have of contracting and spreading the virus. These workers travel between client homes daily, and perform critical work for clients, including bathing, dressing, getting into and out of beds and wheelchairs, and prevention of serious conditions—like pressure sores and obstructed bowels—that can lead to hospitalization. For these workers and their clients, social distancing is impossible when performing these intimate tasks.

Early results from Survival's forthcoming provider survey can demonstrate the need for future rates to be re-calculated with the new cost of doing business – as well as the need to have rates that adequately support wages and benefits for an incredibly essential community-based workforce.

Survival Coalition Recommendations:

- Home and community based service providers should be included in the definition of "health care provider" for the purpose of COVID-19 related provisions.
- The MCO rate capitation calculation is currently a "look-back" model. Wisconsin must ensure rates in the Family Care, IRIS (Include, Respect I Self-Direct), and CLTS (Children's Long-Term Support) programs reflect workforce costs and market indicators.
- Survival Coalition recommends the Task Forced request the rate model be modernized post-COVID-19 to reflect the new realities of provision of services. We recommend the state establish market rates for providers to more accurately reflect costs, explore rate standardization, and consider defining a percentage allowable for administrative costs.

Matt Ford, Madison

Difficult in the last few months to hire new help. Available help has gone from CAN-level workers to students who are looking for experience. There are positives in that the new workers are looking to learn and are fun to interact with. But how does someone needing care who is not sick feel safe in hiring someone else, especially as it is difficult to secure PPE right now.

V. Adjourned at 4 p.m.

Prepared by: Andrew Evenson, DWD on 5/14/2020.

These minutes are in draft form. They will be presented for approval by the governmental body on: 5/28/2020