

## 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; Jane Mahoney, Helen Marks Dicks
Date: 4/16/2020	Time Started: 1:00 pm	Time Ended: 3:00 pm	State Staff: Faith Russell, DHS, Lynn Gall, DHS, Andrew Evenson, DWD; Allison Boldt, DHS Guests: Denise Richter; Carrie Molke, DHS/BADR; DHS, Pheobe Hefko, DHS/ORCD; Tom Balsley, DHS/ORCD
Location: Teleconference			Presiding Officer: Lisa Pugh and Todd Costello
<b>Minutes</b>			

### GOVERNOR'S TASK FORCE ON CAREGIVING Family Caregiving Workgroup April 16, 2020

- I. OVERVIEW OF THE AGENDA - Lisa Pugh
- II. REVIEW AND APPROVAL OF MINUTES FROM 4/2/20  
Deb Kolste moved to approve the minutes. Sue Rosa seconded.
- III. COVID-19 AND CAREGIVING ISSUES: MEMBER UPDATES

Helen Marks Dicks will send information that AARP has sent out to caregivers after the meeting. The Wisconsin Assembly passed a bill to coordinate with the federal CARES Act, which was signed by the Governor yesterday. Per Representative Kolste, details of uses for CARES Act funding is still somewhat unknown, but many of the decisions for the \$1.9 billion in funding will be in the purview of the Governor. We don't know for sure how much will be spent on purchasing personal protective equipment (PPE) or to hospitals directly instead of opening up the ACA to provide more health care coverage for citizens. The Payroll Protection Act is also unclear. The vast majority will be at the discretion of the Governor, and there may be additional funding that we don't know about. Communities with a population of 500k or more can apply directly to the federal government for money. A lot of things still in flux. Safer at Home provisions have been extended to May 26.

- IV. NEXT STEPS IN POLICY DEVELOPMENT  
Review of suggested revisions re policy priorities from last time:
  - **Clearing house/ADRC enhancement:** Will follow up based on answers on the ADRC questions, including the effect of ADRC funding included in the federal stimulus packages.
  - **Statewide caregiver assessment:** Sub-group working on caregiver assessment will continue its work, with the next step being to identify the pros and cons of TCare. Also want to know about the stimulus funding for caregiver programs.
  - **Public awareness campaign:** Hold off on a public awareness campaign except possibly related to increasing awareness of ADRCs.
  - **Drive legislative change:** Wait to make any decisions to see how things develop with the temporary FMLA and other changes in response to Covid-19.

## DISCUSSION

It was asked if under next steps and policy development, could the paid FMLA be considered an important income support measure? In the next couple of days we may see a big push for paid leave and expanding who will be eligible for it. This might be a pot of money available to some caregivers.

The Caregiver Clearinghouse idea was reframed to increase ADRC capacity and visibility. There is money coming to all states directed toward ADRCs and Older American Act (OAA) programs included in the CARES Act. These programs are generally housed at ADRCs.

Carrie Molke, director of the Wisconsin Bureau of Aging and Disability Resources (BADR), explained that the state does not have to apply for the CARES Act OOA money the same way it has to apply for the additional ADRC funding. The federal government hasn't invested a whole lot into ADRCs – only \$8 million nationwide in the past. The CARES Act provides an additional \$50 million nationwide, so that's a big new investment.

It was asked if the additional ADRC funding could it be used for TCare. Ms. Molke said that right now, the state does not feel like it has the funding to do that. The current plan is to get this money out to the ADRCs to meet the increasing needs of local communities. She felt it was unlikely that Wisconsin would have \$250,000 (the original estimate for statewide implementation of TCare) to invest in TCare at this time. BADR will share with ADRCs ideas for how the money could be used and offered to include workgroup members' ideas related to supporting caregivers. However, there is currently no statewide investment being planned for systematic change because the feedback from ADRCs since this COVID-19 outbreak is that they all have different needs. Some ADRC staff have even been deployed to nursing homes to do activities.

Members' questions concerned how much of the estimated \$750,000 in additional ADRC funding for Wisconsin will be used in changes in operations, rather than program expansion, and about whether the federal stimulus funding for ADRCs will be sufficient if everything stays shut for another month. That is not certain. But the stimulus funding will allow ADRCs to provide services now and purchase equipment and internet access for customers who are isolated and without access to online services and supports. DHS believes the stimulus funding is needed to enhance ADRCs abilities to provide needed services right now

It was suggested that TCare could fit under virtual management enhancements, and with the right leadership the argument could be made that it would save the state money long term. Based on initial estimates, TCare would require 1/3 of the \$750,000 to implement statewide. Recommending a regional model or smaller pilot would cost significantly less. Ms. Molke asked the workgroup to provide her with an estimate for a TCare pilot program and she will determine if it is possibly to cobble together funding.

The group reviewed the TCare proposal from Linda Miller again. Ms. Molke was asked if there would be a good place to test two TCare pilots – one in a rural area and one in a metropolitan area? Concern was expressed about the equity issues we're seeing now and with the spread of COVID-19. If the Task Force could focus some resources on issues in Milwaukee to see what impact we could make, that would be good.

Lisa Pugh shared that she was on call with a state medical disaster committee about PPE and medical equipment, and the participants affirmed that affirmed Wisconsin appears to be heading in a good direction regarding the critical number of people getting sick. Hopefully that means the

stress on our community-based systems going forward won't be so bad, and we won't have to ramp up for a heavier crisis.

Ms. Molke said that the state is trying to provide more flexibility for use of the new funding, and as a result there has been more creativity innovation at the county and tribal levels. Wisconsin will have to decide what we want to sustain after COVID-19 funding ends. They will most likely be items that do not cost money but rely more on policy changes and service delivery.

It was asked if sustainable elements for ADRCs could be the result of this infusion of funding?

Ms. Molke said she sees work being done in two "buckets:

1. A change in how we are provide services, especially related to remote service provision.
2. Things the state was already working on prior to COVID-19, such as the ADRC Reinvestment Project which is looking at designing the ADRC model of the future. Work is already underway to identify where are there gaps and how the state can fill them through supporting the solid infrastructure of ADRCs. The model of the future could include TCare, but that would require continued investment by the state legislature or federal government. There will be an extreme increase in overall costs related to this epidemic, and it is unknown how that will affect the future funding outlook.

A workgroup member replied that there is always money available. It's more a matter of priorities. COVID-19 is putting tremendous stress on everything but we should not stop moving forward because the future is unknown. To the extent we can influence the legislature's priorities the better.

DHS response: No one knows what the new normal is going to look like after the Covid-19 crisis. But it has given people the experience of what it is like to be isolated, struggle to get food, to be an at-risk person for illness. How do we utilize the learning from this time and elevate it? It does shine a light on the gaps we have for older people and those with disabilities.

A workgroup member stated that it makes her nervous when money goes out with few strings attached. It results in little accountability. Are we learning anything about the gaps? This crisis gives the opportunity to vet what is working in our communities and to use that information to plan into the future. Can that information be collected in a way to help with planning?

DHS response: There will be budgets and scope of services for ADRCs required for the new money. Beyond that, the federal Administration for Community Living (ACL) has not yet developed specifics on how they would like states to report back. So far, ACL has been focusing on getting the new funding out quickly. But Wisconsin already has elaborate reporting systems for ADRCs and is engaging in projects that continually look for new ways to improve and build the system. Wisconsin also has received a Return on Investment grant from ACL that is in the middle tracking outcomes for the services that we provide. BADR expects to come out with a lot more information about outcomes and show the value of what ADRCs are doing by the end of the grant period.

It was asked if resource mapping documentation could be part of this? Document what resources and services exist, what doesn't, and compare how different areas rate and contrast? This is necessary for the TCare assessment to tangibly react to a caregiver's needs. TCare could also help generate data needed for a robust resource map going forward but it all depends on the quality of the resources.

Ms. Molke explained that ADRCs already have robust databases of local resource, and they are required to keep track of unmet needs on a regular basis. Some resource mapping also comes from consumers who identify when a need is not met and ADRCs are expected to find a service to meet those needs. It is expected that ADRCs will see some new needs identified during this COVID-19 situation. Partners also let them know about new resources. So there is a process in place. However, this could be a question for next statewide ADRC forum – Ask if ADRCs know how well needs are being met or how well unmet needs are being revealed during interactions with customers. ADRCs are also tapping into data from the state's 211 system, including the reasons they are calling. These can include housing and mental health needs, plus others. It has been noted that there has been an uptick in calls for help with suicide and mental health.

Non—profits and other agencies have also been seeing an uptick in a need for mental health services, and there has been talk about a resource center specifically for mental health services. Has there been thought about using CARES Act funding for that?

As of yesterday the state did not yet know how much Wisconsin is getting in additional Older Americans Act funding, and probably will not know for another two weeks. OOA CARES Act funding is tied specifically to existing programs but there have been some modifications to some of the rules that allow states to adapt programs to meet specific needs during the COVID-19 epidemic. DHS does not know if this flexibility will continue after the emergency ends. Congress appropriated \$100M nationally for Title III-E family caregiver support programs.

DHS staff was asked for a timeframe in which the workgroup could expect estimates from BADR on how much is needed to fully fund ADRCs. Tom Balsley, director of the Office of Resource Center Development (ORCD) has been trying to put together that estimate but has been sidetracked by pressing COVID-19 activities. The workgroup would like to have estimates from BADR at least one week before the Task Force's May 28<sup>th</sup> meeting.

Phoebe Hefko, DHS ORCD, provided information about what ORCD has been doing in response to the epidemic. DHS/DPH/BADR/ORCD is the lead agency in the state for conducting rapid response to ADRC's workforce ability to deal with the increased capacity. ORCD has been coordinating to keep in touch with local staff, and BADR has someone working full time at the State Emergency Operations Center. In addition, ORCD is holding weekly statewide forums for aging units and ADRCs, and regional forums are also getting underway including a framework for regional quality specialists to consult.

Assessment of ADRCs showed:

1. Fiscal challenges
2. Need for expanded flexibility for ADRCs to respond to staff changes in duties
3. Need to transition to virtual or remote operations-virtual management of ADRC functions and the purchase of technology to help mitigate social isolation through proactive information and referral targeting those in high risk groups, such as those living alone
4. Funding going to ADRCs will need to go out on population based formula and three categories
5. Need for development and enhancement of innovative services – ideas and solutions that emerge as the situation evolves. Examples: Providing meals to people who might not otherwise be eligible or to manage a volunteer corps, distributing more technology through independent living centers or others, purchasing PPE, or providing financial assistance to community

members for transportation vouchers or similar efforts.

Tom Balsley said the application for up to \$750,000 in ADRC funds for ADRCs and tribal partners is due by April 27, which is an extension of the original due date. DHS is in the process of moving the application forward. Anticipated timing for funding is early May, but that could change based on the extension of the application due date. BADR is prioritizing flexibility to locals to expand services to meet needs of covid epidemic. ADRCs are experiencing budget issues because many staff are being shifted into activities that are not MA reimbursable. This funding will help support them during this time.

The workgroup concluded that there may be an opportunity to pilot TCare in Milwaukee and one or more rural areas that have greater disparities. What is TCare's success is assessing for, and meeting the needs of individuals experiencing, racial disparities?

It was decided that next steps are to contact Linda Miller at TCare and ask what is needed to design a good pilot and how much it would cost. Milwaukee County makes a lot of sense as one of the pilots, but how much would cost? Barron, Rusk and Washburn, or Bayfield & Douglas were suggested as good areas for a rural pilot, or perhaps the ADRC of Central Wisconsin, which includes Marathon, Lincoln, Wood, and Langlade counties. Milwaukee County has an ADRC and is an Area Agency on Aging.

Jane Mahoney has heard that other states are using CARES Act money to fund TCare models. Would the state allow Wisconsin to purchase the foundation of TCare and get some initial data on its efficacy? If so, the workgroup would need to identify ongoing funding if COVID-19 CARES Act funding doesn't continue.

It was stated that it is going to be really stressful coming out of this. A legislator on the workgroup said that most committee meetings where new programs are considered end with the question, "What old program do you want to get rid of?" Funding is going to be extremely difficult to find after this crisis.

Part of TCare is the use of remote communications and services, and some workgroup members believe that there will be more money for telehealth and distance services as a result of the pandemic. That might be one part of an argument to implement TCare, and it is all the more reason to use part of this stimulus money for a TCare pilot. It was agreed that, even if funding could be found for a pilot at this time, the Task Force might have to worry about future funding. If we have good data and demonstrate cost savings through a delay in nursing home placements, that would help bolster a future funding. It could also quantify success in addressing disparities. Also, it is evidence-based and endorsed by ACL.

Members decided to pursue a TCare pilot. Jane Mahoney will contact Linda Miller to explain the idea and try to get an estimate for Milwaukee County implementation instead of statewide implementation. Will likely need to know the ADRC of Milwaukee's customer numbers and determine ability to train existing workers without adding staff. Same for an outstate region that is rural. Also will need to ask Milwaukee County if they're interested in being a TCare pilot site. Jane will work with Tom and Phoebe to better understand how the Milwaukee ADRC works because TCare wouldn't be successful without the input of the counties you're trying to involve. Jane to ask Linda Miller to provide examples of proposals that TCare has put together for other states. Jane will let Lisa Pugh know if she needs help with contacting these individuals after initial conversations. Sue Rosa also offered to help.

Other recommendations:

- Put legislative package on hold until hear an update from state agencies(a "state of the state") at the Task Force meeting on May 28. But note that the caregiver tax credit is a way to get money in people's pockets. It was also noted that there may be a new appreciation for tax credits and FMLA

at the federal level, but Wisconsin's legislature has not shown support for either proposal, even when the economy was good.

- Make the case that some of the stimulus money can at least set the foundation for some of these other recommendations, and then collect the data needed to move forward in Phase II.

#### BEFORE MAY 6 WORKGROUP MEETING

- Move forward with developing a proposal re TCare and stimulus funding
- Work with ORCD to quantify what ADRC investment is needed to move the ADRC enhancement recommendation forward
- Decide on summer meeting dates on May 6
- Advance the work of the Registry sub-group
- Table the public awareness campaign to Phase II
- Make OOA CARES Act funding information available for May 6 meeting – send out before.

V. Public comment - None

VI. Adjourn

Sue Rosa moved and Jane Mahoney seconded.

**3:00 p.m. Adjourn**

Prepared by: Lynn Gall, DHS Office on Aging on 4/20/2020.

These minutes are in draft form. They will be presented for approval by the governmental body on: 5/6/2020