

OPEN MEETING MINUTES

Name of Governmental Body: Direct Care Workforce Workgroup, Governor's Task Force on Caregiving			Attending: Members: Anne Rabin; Ted Behncke; Rep. Wichgers; Mo Thao-Lee; Todd Costello; Adien Igoni; Beth Swedeen; Jane Bushnell; LaVerne Jaros; Lisa Schneider; Bill Crowley; Jason Endres; Stephanie Birmingham; John Sauer; Margie Steinhoff; Lisa Pugh; Sen. Schachtner State Staff: Andrew Evenson (DWD), Lynn Gall (DHS), Faith Russell (DHS), Allie Boldt (DHS) Public members: Carrie Gartzke, Patti Becker, Sarah Barry, Mike Blumenfeld
Date: 4/16/2020	Time Started: 10:00 am	Time Ended: 12:00pm	
Location: Zoom: Meeting ID, 632 998 200			Presiding Officer: Lisa Pugh and Todd Costello

Minutes

GOVERNOR'S TASK FORCE ON CAREGIVING

Direct Care Workforce Workgroup

April 16, 2020

I. THE MEETING WAS CALLED TO ORDER AT 10:00 a.m.

II. WELCOME/OVERVIEW

Todd Costello provided an overview of meeting items:

- Review and approve minutes from previous meeting
- Discussion and member updates re: COVID-19-and caregiving issues
- Discussion of next steps
- Public Comments

A key purpose of this meeting is to reconsider and reframe the workgroup's Phase I policy priorities in light of COVID-19.

III. APPROVAL OF MINUTES FROM 4/2/20

Jason Endres moved to approve the draft minutes for the 4/20/20 workgroup meeting; Stephanie Birmingham seconded. With no votes in opposition, the 4/2/20 draft workgroup meeting minutes were approved.

IV. DISCUSSION RE: COVID-19 AND CAREGIVING ISSUES, PRIORITIES

Lisa Pugh first provided an update re: the status of funding for Covid-19 relief and responded to several member questions as follows:

- DHS and the Governor's Office are currently working to get different regulatory flexibilities and waivers relating to the Direct Care workforce and Family Caregiving. This includes through tools like the 1115, 1135, and Appendix K waivers as well as flexibilities the state can enact on

its own (such as allowances for 16-year-olds to be hired in CBRFs, or for supervision or services to be provided remotely).

- DHS sent a proposal to the legislature, which re-crafted the proposal; the legislation was passed and signed into law by the Governor on 4/15/20.
 - Flexibilities will remain for duration of “emergency”.
 - Legislation also reduces CNA training requirements down to federal minimum on a permanent basis.
- Workgroup members were forwarded information from DMS Director Jim Jones, which explains that additional federal monies will be coming to WI in the form of increased FMAP. However, these are expected to be allocated to significant increases in BadgerCare & Food Share enrollment, which is already skyrocketing. In other words, the federal moneys currently on the table may not adequately address the needs of the state’s larger home- and community-based workforce, e.g., by providing any additional support to care workers in the MA workforce (such as workers in Family Care, CLTS, and IRIS). While other states have added resources to help address gaps, WI has not done so yet.
 - Other federal moneys will be flowing to ADRCs and through Older Americans Act programs, focusing on the family caregiving and resource coordination.
 - In all, state revenue projections are bleak. Recommends the Task Force reconsider any recommendations with larger price tags.
 - Question: Does increased federal Medicaid dollars mean that BadgerCare eligibility/enrollment will be open to those up to 138% of FPL?
 - Answer: No; increased FMAP is not the same as Medicaid expansion. FMAP is the federal matching percentage, which is generally a ~60/40 split (with the federal government matching at 60%). Under the federal legislation to address COVID19, the FMAP will increase. DHS got permission through the state law signed 4/15/20 to make needed changes to draw down these increased moneys.
 - The state legislature did not expand MA, so BadgerCare will carry on as it currently exists (100% of FPL to qualify for basic MA). However, DHS is anticipating significant increases in enrollment due to so many people being laid off, etc.
 - Question: To clarify—is the reduction of CNA training hours to 75 permanent (even after the COVID19 emergency)?
 - Answer: Yes.

The co-chairs believe the workgroup still has an important opportunity to affect the Governor’s decision-making, but that its focus needs to be narrowed, reframed, and boiled down in light of the pandemic. Todd Costello shared that the co-chairs met to develop re-framed policy ideas, which were shared with the workgroup in a document (embedded in the minutes below). Todd asked whether members agree that the pandemic has forced the Task Force and this workgroup to reset and refocus its initial recommendations and to share input. Members made the following comments:

- LaVerne Jaros: If the group is going to refocus, it should be deliberate/strategic, and not a ‘watering down’ of what might have been proposed otherwise. Believes the Task Force only has one shot at achieving its goals, and so many of the issues will remain after Covid-19. So, supports digging in and still making long-term recommendations, or seeing if the Task Force could be more officially re-purposed, with official business being delayed for another time.

- Stephanie Birmingham: Has been working in the small group focusing on training (with Todd, Lisa, Beth, and Mo). Would hate to see this work lost, because the concerns will remain beyond the pandemic. There are other things people have been working on where Covid-19 has accentuated the necessity, but which will continue to be concerns after Covid-19 is better managed. So, while not opposed to some reorienting, does not want to overly do so.

Todd then walked members through the revised “Co-Chair Policy Short List for 04/16/20 Direct Care Workforce Workgroup Meeting,” pasted here:

Original policy statements are presented in black; the Co-Chair recommendations in red.

Co-Chair Recommendations for Policy Items to Pursue Now:

1. **Rates:** *Ensure rates in Family Care, IRIS, and CLTS reflect workforce costs and market indicators.* Within MCO capitation rates, explicitly identify amounts for provider rate increases– indexed annually (CPI). Work with DHS to determine options for ensuring that providers/direct care workers receive direct benefit from rate increases for MCOs and IRIS. **Recommended reframing:** The MCO rate capitation calculation is currently a “look-back” model. Recommend that TF request that the approach be modernized post-COVID-19 to reflect the new realities of provision of services. Recommend that the state establish market rates for providers to more accurately reflect costs.
2. **Rates:** *Require Workforce Impact Statements in the budgeting process (including for items involving Family Care, IRIS, and CLTS).* **Recommended reframing:** Work with DHS to develop options for a transparent process that ensures that funding makes its way to front line workers.
3. **Untapped Workers:** *Prioritize a career path for direct care workers.* Expand the WisCaregiver Career Program, create dedicated units within job centers that focus on recruiting untapped workers such as high school students or retirees. **AND**
Statewide Training: *Adopt a Statewide Standard for Training for Direct Service Providers.* Set quality standards for the quality of curricula. **Recommended reframing:** Combine these two ideas onto one and have a sub-group continue to develop these ideas. Note: the discussion has been related to a path for PCWs to CNA certification. Add CBRF workers; and consideration for counting prior work experience.
4. **Untapped Workers:** *Examine current background check policies keeping people from being eligible for employment, including for consistency across IRIS and other programs.* . **Recommendation:** Have a sub-group develop recommendations re specific changes desired. Consider developing a process for letting the person receiving care waive the identified background check flags.
5. **Regulation & Compliance:** *Community-based Residential Facilities Hiring.* Change statute to allow hiring of 16 years or older instead of 18 or older.

Recommendation: Evaluate at end of crisis and learn from any “best practices” that have been used. Have they seen relief? Are there concerns?

6. **Regulation & Compliance:** *Regulatory Compliance Oversight Agency.* Regulatory compliance should be better coordinated or overseen by only one agency with clear guidelines on what constitutes fraud, waste and abuse. **Recommendation:** Continue to prioritize seeking clarity on general approach as well as assurances as to procedures that will be followed related to the COVID-19 crisis.

COVID-19 Specific Recommendation to Add: Prepare a Recommendation for the Governor on a definition of “Health care provider” for purposes of COVID-related provisions that includes home and community based service providers.

Recommendations re GPR Price Tag Items to Put on Hold:

1. **Rates:** *Payment standards for nursing homes based on actual costs of care.* **Recommendation:** Put on hold except to the extent that it’s informed from the crisis and state’s economic status.
2. **State wide training:** *State Funded Training. Grants from DWD to Fund Training for Community Based Personal Care Workers Similar to the Wisconsin Caregiver Career program.* **Recommendation:** Put on hold and see what things look like as the crisis proceeds. Could become part of the subgroup’s work on state wide training and untapped workers, above.
3. **State wide training:** *Count Work Experience for CNA Certification. This could include counting personal care worker training and experience toward CNA certification, as well as experience working in another state.* **UPDATE:** State law is being changed to match the hours requirement under federal law. Ideas about counting work experience can be discussed as part of the subgroup that will work on career path and standardized training ideas. Otherwise, recommend taking this item off the table, except to the extent of potentially evaluating the outcomes of the flexibilities provided under temporary COVID-related provisions.

Recommendations to Take Off the Current Priorities List:

1. *Encourage WI Congressional delegation to support immigration policy reform.* **Recommendation:** Discontinue any current efforts by the Workgroup.
2. *Media campaign improving image and explaining need/value of LTC workers, with a hotline for information about careers and volunteer opportunities. An alternative under consideration is an outreach/communication plan to promote tangible recommendations developed by the Governor’s Task Force on Caregiving.* **Recommendation:** Take off the list of active priorities. See what is appropriate in connection with the crisis. Maybe a story collection effort after the fact. This could be a Phase II item.

After reviewing the above re-framed proposals, members provided the following comments:

- Jason Endres: If the workgroup is no longer going to be focusing on wage increases, would really would like to see registry of vetted care workers.
 - o Faith Russell pointed out that the co-chairs plan to move forward with the registry work through an ad-hoc workgroup that has been meeting. Members of the Task Force are welcome to participate in this work.
- Jane Bushnell: Regarding untapped workers and background checks, emphasizes the importance of recommending consistency across MA programs.
 - o Jason Endres: Agrees with Jane's comment, and would advocate for consistency across Fiscal Employer Agents, which might have their own interpretations of background check practices/policies. Making sure all entities are on the same page would help.
 - o Todd Costello: Agrees, and believes there is consensus around the goal to obtain consistency across different entities, which has been a barrier and source of confusion.
- Anne Rabin: There was suggestion at last meeting re: the possibility of having caregivers hold their background check and be able to take it from place to place. Are there any thoughts from the group re: whether that is a positive thing?
 - o Jane Bushnell: A related background check question has come up when working on the Registry. In the registries the group has looked at, the person who wants to join would have the option of going through trainings or background checks (as some clients may want to ensure that background check has been done before even doing their own background check), but this is not mandatory.
 - o Lisa Schneider: When working on a respite registry, was asked by state not to do background checks, since it would be duplicative. Instead, can allow the option of checking a box and uploading a background check—though a follow-up one will still probably be done.
 - o Mo Thao-Lee and Todd Costello: Speaking from provider perspective, would continue to do their own background checks. This feels safer since situations can arise between background checks.
- Jane Bushnell: Question -- what is the status of the work involving worker benefits? The specific proposals on that topic were MA expansion (increasing to 138%) and an income disregard.
 - o Lisa Pugh: Since last meeting, MA expansion has unfolded in a more partisan way; co-chairs believe this is probably not worth pursuing right now. The same is true of income disregard for now, as feedback from DHS is that it would not support an income disregard for particular professions and not others.
- Ted Behncke:
 - o Covid-19 can be an enhancer of the registry and other efforts. The registry would have been hugely useful for families and businesses during this pandemic—as well as workers themselves (like individuals who might have just lost their job but used to be in the caregiving workforce). The registry should be an easier sell now and if it were packaged properly, it seems everyone would understand the need and support.
 - Todd: Agrees, and the ad hoc registry subgroup is looking at this and incorporating work of the training subgroup (e.g., what data would be included in the registry?)
 - o Concerned about losing emphasis on rates. This group has a unique opportunity, and even if its recommendations are not funded in this coming budget, could be developing

a framework that is useful to move forward in the future, e.g., developing market-based rates and ways to ensure that funds are passed onto providers and workers. Legislators have a direct connection to people receiving services, who can speak to the need in a way providers cannot given the current structure of Family Care (where the state may hear from MCOs, but not necessarily providers). A clear example of this was the last Personal Care increase of 1%, which was supposed to be passed along, but was kept by MCOs with no consequences. It is possible for the state to require moneys to be passed on—in fact, the state of IL has done it three times.

- Jane Bushnell: Echoes point that providers did not see any of the personal care increase.
- Todd Costello and others discussed the increasing unemployment rate. Senator Schactner asked, with unemployment growing, what gap programs will be around to direct some of the people from customer service industry into caregiving roles? There were already tens of thousands of care openings prior to the pandemic.
 - Todd Costello: Job Centers will be a key driver here, so it is really crucial that providers use the DWD Job Center website as a recruitment tool and to list those positions. Many of the openings are not being reflected on the Job Center website (JCW).
 - Andrew Evenson (DWD): The federal Cares Act added \$600/week for those receiving unemployment (which alone averages to \$15/hour, on top of the up to \$370/week they receive from the state), and work search requirements are currently waived. In total, unemployment benefits will range from \$16-24/hour—which is higher than the wages offered for positions as a PCW or CNA. The extra \$600/week goes through end of July, so some individuals might ride this out for the summer because of the financial benefits of not reentering the workforce as low-wage workers. There are currently 160k resumes up on JCW (compared to 40k prior to crisis), with even more individuals on unemployment. There are currently 60k jobs posted, which includes some CNA jobs, but it seems providers are not universally posting these openings.
- John Sauer:
 - On CNA training: while the legislation resolves some of the issues on minimum hours, suggests working with DHS to pierce CNA training entities (e.g., colleges, providers) to account for training people receive to become a PCW or CBRF worker into the 75 hours, so people do not have to start all over again. Currently, the CNA program is completely separate.
 - On the rates/wages issues, believes guidance is needed to require MCOs to pass on rate increases to providers. While passing onto workers is also important, there are also WI businesses on brink of bankruptcy, which are currently not sure where reimbursements will come from. Advises against getting into a situation where an organization is forced to pass wages onto workers at the expense of staying open—if the entity goes under, the worker will not have a job.
 - Todd Costello: Echoes business viability could be a concern, especially as more businesses are facing expenses for paying OT and transitioning to remote work.
 - Lisa Pugh: Would providers be open to complying with a standard similar to the MCOs regarding how much should be passed on to workers?
 - Ted Behncke: Thinks this sounds fair and could help sell the idea.
 - John Sauer: Favors a way of bypassing the MCOs and giving providers flexibility on how they use increases. Would be concerned about consequences to providers who are currently trying to pay their employees more (who have not received any increased funds over the years from MCOs to support this).

- Mo Thao-Lee: Echoes John’s point. MCOs receive money without the full picture of what providers do. Providers are best equipped to know what they need to do to keep the operation going and keep their workers (which is also important).
 - For Family Care rates, sounded from conversation with DHS-DMS that it might be possible to bypass MCOs and send money direct to providers (like Governor did with the DCW funding)—believes this would be something to work with DHS on and build upon.
- LaVerne Jaros: At a prior meeting, discussed additional workforce data-gathering that is being done in other states, and what that might cost/what would be entailed. Is this something that might be considered now?
 - Todd Costello: One of the filters the co-chairs wanted this group to use was whether a recommendation is evidence-based. If there is anything helpful learned from these other states, should include this information as a companion to the Task Force recommendations.

V. DISCUSSION: NEXT STEPS

Todd Costello reminded the group of the upcoming May 6, 2020 workgroup meeting, and the Full Task Force meeting on May 28, 2020. The May 6 meeting can be used to map out future work, possibly over summer months—the co-chairs will put together possible dates for consideration.

Tentatively, would like the full meeting on May 28 to include a “state of the State,” or an update from DHS re: how Covid-19 has impacted its analysis, in hopes of creating a shared understanding and alignment around possible next steps. The status update will hopefully include information about bills being passed, financial impacts, and any other updates relating to the pandemic, including any Safer at Home data or news.

Todd Costello pointed out that the reframing is just a first step, and asked for members to volunteer or provide input regarding how to flesh out proposals within the five big buckets (rates, statewide training, background checks, regulation/compliance, and “essential” workforce). Volunteers and comments were as follows.

- #1 – Rates
 - Summary: Volunteers to flesh this proposal out include Ted Behncke, John Sauer, Margie Steinhoff, Beth Swedeen, Bill Crowely, Jane Bushnell. Beth S. will organize call/next steps (including call with Curtis Cunningham). Ted B. volunteered to put forward a draft within a week for consideration.
 - Comments/discussion:
 - Lisa Pugh: Hope this group’s work will be inclusive of IRIS—which is perhaps more complex than the issue of managing/developing MCO rates. Also encourages group to work closely with Curtis Cunningham upfront and get his assistance in developing the proposal.
 - John Sauer: Agrees about working with Curtis. From last conversation, it seemed DHS was open to exploring rate-setting tied to cost of care (and, e.g., how much can be spent on administration vs. direct care, what is the mechanism re: how money gets to providers, etc.).

members about this), Bill (many of these will be IRIS examples), and Jane (who can also ask others who work with IRIS)

- #4 – Regulations and Compliance
 - o Summary: Mo Thao-Lee and Adien Igoni will look for examples regarding regulations and further flesh out proposal, with a combined focus on both the current/Covid-19 situation and longer-term recommendations.
- #5 – Covid-19 definitions re: “essential” workforce
 - o Lisa Pugh provided additional context on this work. Members were sent some information vetted by DWD re: how other states are defining “health care provider” (e.g., to be exempted from paid leave provisions, but also could be benefits to expanding who is in that group). The direct care workforce—including in home and community settings—are connected to what is happening in hospital/acute care settings.
 - o Volunteers to work on this include Lisa P. and Mo Thao-Lee. However, plan re-assess at May full Task Force meeting.

Todd C. asked members to send any additional suggestions re: the May 6 and May 28 meeting agendas. Sen. Patty Schactner thanked all Task Force members for the work they are doing.

VI. PUBLIC COMMENTS

No public comments were made.

MEETING ADJOURNED AT 12pm.

Prepared by: ALLIE BOLDT, DHS OFFICE OF POLICY INITIATIVES AND BUDGET on 4/20/2020.

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