

OPEN MEETING MINUTES

Name of Governmental Body: Paid Direct Care Workforce Workgroup Governor's Task Force on Caregiving		Attending: : Task Force Members: Lisa Pugh, Todd Costello, Ted Behncke, Jane Bushnell, Adien Igoni, Laverne Jaros, Michael Pochowski, Anne Rabin, John Sauer, Margie Steinhoff, Beth Swedeen, Mo Thao-Lee, Delores Sallis, Jason Endres
Date: 2/6/2020	Time Started: 9:00 am	Time Ended: 12:00 pm
Location: Community Living Alliance, 1414 Mac Arthur Rd, Madison, WI 53714		Phone Participants: Bill Crowley, Sen. Patty Schachtner, Lisa Schneider State Staff: Faith Russell, DHS, Lynn Gall, DHS, Daniel DeValve, DHS; Allie Boldt, DHS; Andrew Evenson, DWD Guests: Janet Stockhausen, Carrie Gartzke, Michael Blumerfeld
		Presiding Officer: Lisa Pugh and Todd Costello
Minutes		

GOVERNOR'S TASK FORCE ON CAREGIVING Paid Direct Care Workforce Workgroup February 6, 2020

I. THE MEETING WAS CALLED TO ORDER AT 9:00 a.m.

II. WELCOME AND OVERVIEW

Co-chairs provided welcome remarks and an overview of meeting structure. The workgroup will be reviewing the comments and questions that Task Force members submitted on each policy idea. The group will work through ideas in order of preliminary rankings received. The goal of this discussion is work through the template designed to help track remaining questions and next steps (group notes will be available).

Questions include:

- Will the workgroup want to reframe the proposed policy idea in any way, e.g., to address other members' concerns?
- Is additional data needed?
- What are the next steps, and who will be responsible?
- Who else might need to be involved?
- How will additional information be shared?

III. REVIEW COMMENTS AND QUESTIONS FOR POLICY AREAS ADDRESSED BY THE TASK FORCE ON 1/30/2020

- a. **Rate Increases 1:** *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 annual (CPI). Member comments:*
- It was recommended that the workgroup identify a percentage of the MCO LTC capitation rate that would go to agencies to give pay increases to their staff. Identify as a state what additional information and funding is needed to address the workforce crisis. In the next biennial budget, include a specific percentage for providers in the rate setting process – an assumed number to address the workforce crisis. Shoot for 5%. Members will have to figure out how IRIS would be incorporated.
 - If a Medicaid rate increase is included, there must be a mechanism to ensure that the increase gets passed on to care workers. Can DHS trace MCOs pay increases based on rate increases or implement reporting requirements to make sure that the money is getting to workers?
 - It was suggested that the state direct, in part, how increases are spent so that actuaries will have salary expenditures available going forward for figuring pay increases instead of looking back to past years when there were no pay increases when determining what is appropriate or needed to attract and retain workers.
 - Does DHS have a way to track pay raises that MCOs provide through encounter data? The answer was not clear to those present. John Sauer and Ted Behncke will research and report back for the next meeting.
 - Dennis Winters' DWD data comparing the state's workforce needs against the number of workers available should be included in the Task Force's final report.
 - A CPI rate linked proposal is considered by members to be more flexible. It takes into account what it costs to do business today instead of looking back at what expenditures have been in the past.
 - Members requested DHS to summarize how funding for Family Care and IRIS works now, specifically as it relates to caregiving and caregiver supports. This could be presented at a future workgroup meeting or via virtual consult.
 - If DHS doesn't have the staffing capacity to collect the data the workgroup is suggesting, the workgroup may also need to put forth a recommendation that DHS increase its staffing in this area.
 - How within managed care have other states been able to direct rate increases to workers? Are there other ways states have been able to impact worker pay rates?
 - It was mentioned that in Illinois, where there are no MCOs, a survey is done when Medicaid rates are increased that collects data on how much of the rate increase has gone to worker pay.

- If the workgroup is going to recommend a 3 or 5 percent increase, members will have to be able to explain how the market demands that specific percentage and that it is the correct investment needed.
- Cost of living increases have been used by some other states.

b. Rate Increases 2: *Require Workforce Impact Statements in the budgeting process*

- This proposal calls for DHS to submit a workforce impact statement as part of state budget proposals submitted to DOA related to the IRIS, Family Care and other LTC programs. The cost to include a budget impact statement is expected to be minimal, and it would build accountability around public funds being invested into the direct care paid workforce. Budget impact statements are currently included for other areas of the state budget.
- Mr. Behncke volunteered to construct a framework for developing a workforce impact statement. It will include specific data sources that could be used to make projections and gain input from families and recipients.
- Workforce shortages and low pay issues have reportedly been causing nursing homes, home health and personal care agencies to close. Can DHS provide historical data on the number that have closed due to workforce shortages?
- It was noted that when Medicaid rate increases were provided in the past, the state had no idea how the workforce was impacted. It would be beneficial to have data on the ability to recruit and retain staff after rate increases.
- Jane Bushnell and Lisa Schneider will work with Susan Larsen at DHS to compile what has been successfully done with CLTS rates.

c. Statewide Training #2: *Count Work Experience for CNA Certification*

- Identify core competencies and experience that can be transferred as credit toward CNA certification.
- A member asked how this would benefit caregivers hired by IRIS participants, because they don't always need a CNA. The proposal would benefit IRIS caregivers because it provides a career path for them, and the community work they do can be documented. There would be no requirement to become a CNA, but for people who would like to work toward CNA certification or a nursing degree, acknowledging work experience as credit shows that Wisconsin respects caregiver work experience and helps keep people in the profession. Individuals interested in entering the profession wouldn't always have to start from the beginning of the certification process.
- The subgroup that developed this proposal requested to meet with individuals who make decisions about the CNA training program to learn what training requirements are dictated by the federal government and which are at the discretion of the state. Would like work hours in MN to count toward ability to be hired as a PCW or CNA in Wisconsin. It was suggested that workgroup members consult with technical colleges, including Kathy Loppnow.
- Todd Costello volunteered to reach out to Kathy Loppnow and/or others.

- One workgroup member said that the overall quality of life and rate of pay you can achieve by entering the profession is what makes it unattractive. He questioned whether this recommendation will make a measurable difference because unless required training provides a \$4/hr pay raise, this will not attract better people or higher caliber people to the profession.
- The goal of this recommendation is to reach people who enter the work initially. For many people there is very little interest to enter. For others, credit for experience offers shows that their experience matters if they want to become a CNA, or perhaps a nurse.
- John Sauer will speak with DQA about options for recognizing worker experience as credit to meet the required hours of training. He will also speak with DMS if relevant. *Note: Mr. Sauer included a graph in an earlier submittal that showed that the number of people on the CNA registry is declining.*
- Stephanie Birmingham volunteered to be involved in research and discussions on this issue with John and DHS staff.

d. Policy: Statewide Training #3 – State funded training grants from DWD to fund training for community-based personal care workers, similar to the WisCaregiver Career Program

- No training funding is currently available through DWD. Caregiving has the highest rate of turnover in the first 30-60 days. How can we keep workers in the caregiving profession and prepare them for what the job really is? Agreement among workgroup members that the caregiving industry needs financial support to build a quality workforce.
- DHS is reviewing options for developing a program much like the WisCaregiver Career Program but for more employers than only nursing homes.
- The workgroup should explore DWD's Fast Forward grants and how they might be used to replicate the WisCaregiver Career Program. The WisCaregiver program pays for 120 hours of training and the required background check. Employers pay the retention bonus.
- It is also important to be able to show how completing a training program like WisCaregiver Careers improved worker earnings. What is the current cost to the worker and the provider?
- It was suggested that the Task Force's training proposals be put forth in order of the need for successful implementation.
- One member suggested that DWD name a caregiver recruitment "czar" so that training and worker recruitment becomes a priority and is streamlined.
- Todd Costello and Lisa Pugh volunteered to meet with DHS and DWD staff to discuss the viability of this recommendation.

e. Untapped Workers #1 – 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 and retirees.

- This proposal was discussed as part of the previous recommendation, except for the idea of creating dedicated units within jobs centers to focus on recruiting paid caregiving professionals. The idea is to appoint a staff person focused on recruiting care workers for LTC participants who would direct potential workers to appropriate resources for training, as well as focus on recruiting non-traditional workers.
- Andrew Evenson of DWD explained that outreach to untapped workers can happen within job centers but that job center staff do not specialize in recruiting for a specific industry. Instead, job centers bring in experts from a specific industry on different days to help with recruitment. However, there could be more training of job center staff about caregiving job requirements so they could provide more and better information about the needs in the health and personal care industries.
- The workgroup agreed they would like to better understand what could be done at job centers to put more emphasis on recruiting and promoting paid caregiving job vacancies. DWD was asked to outline ideas for what could be done in job centers to put more emphasis on reducing the paid caregiver shortage.
- Workgroup members also requested information to help them better understand the role of Wisconsin's workforce development board and how the Task Force might be able to influence their prioritization plans.
- Andrew Evenson and Laverne Jaros volunteered to research and provide follow-up information.

f. Untapped Workers #5 – Examine current background check policies keeping people from being eligible for employment.

- Some individuals have been engaged in work on this issue related to IRIS, including doing a crosswalk. It was suggested that workgroup members speak with or invite Betsy Genz from DHS to share what has been learned.
- Has the children's long term support program done a similar crosswalk?
- It was agreed that the workgroup should review current regulations and identify what would need to be changed, for all programs and settings, in order to advance this recommendation.
- Is it possible for employers and individuals hiring caregivers to receive real-time notification of background check results, not just at the time of hire but also for offences committed after hire?
- Is there data collected on the number of potential caregivers who fail background checks and the reason why?
- The risk for businesses and organizations is different than the risk when an individual is doing the hiring. Due to insurance costs and legal risks, businesses will not insure applicants who have driving violations. Before recommending background check policy changes, the group needs to gather information about what types of risks providers would be willing to accept.

- It was suggested that the Family Caregiving Workgroup may be more interested in this issue than the direct care workforce because liability issues make businesses more wary. Families tend to be more forgiving and accepting of past digressions.
- DHS will discuss the best way to present a compilation of current regulations.

g. Statewide Training #1 - *Adopt a statewide standard for training Direct Service Providers*

- Identify who would be in charge of developing, monitoring and maintaining a qualified curriculum and overseeing the training and certification process.
- A statewide standard must tie to the regulatory and statutory requirements for each profession.
- Could DHS do a crosswalk of current training requirements, rules and regulations for all of the care professions that easily compares differences in requirements for each?
- It is important to remember that training standards do not have to exactly mirror existing regulations, just take them into account as one component.
- It was noted that DHS already has developed standards, which are used as part of the approval process for personal care agency licensure. More clarification on the current standards DQA has set for trainings was requested.
- Is the DQA standard comprehensive of all competencies needed, including training on ethics and similar subjects?

IV. NEXT STEPS (also see attached DIRECT CARE WORKFORCE WORKGROUP 2/6/20 – Next Steps re Connections with Agency Staff document)

- Continue the review process used today for all comments submitted after the 1/30/20 full Task Force meeting.
- It was suggested that the workgroup schedule a third meeting each month in order to get all of the required work done on schedule.
- Members will bring answers to questions identified today for Feb. 20 meeting.
- Separate recommendations into “chunks” of related ideas after review of all recommendations is complete.
- Employee Benefits is a specific charge from Governor Evers that the workgroup did not have time to address today. It should be discussed in depth next time. Depending on the number of questions and amount of research required, the benefits charge could become a Phase II recommendation.
- Subgroups should be communicating and performing research between meetings. Consider ways that you, as a Task Force member, can bring information to the group forward or move recommendations forward between meetings.
- Send any worksheets prepared for items the workgroup did not discuss today to Faith Russell before the next meeting.
- Workgroup members decided that the next meeting should be in person instead of a conference call in order to get through all proposals and keep momentum

going. Note: John Sauer and Michael Pochowski cannot attend on Feb. 20th.

V. APPROVAL OF 1/14/20 MINUTES

Margie Steinhoff moved to approve

Todd Costello seconded

Passed unanimously

VI. PUBLIC COMMENT

- Carrie Gartzke: Thanked the workgroup for doing this hard work!
- Michael Blumerfeld: Was attending as a guest following the workgroup for several groups. He thanked members for what they are doing.

Prepared by: Lynn Gall, DHS Office on Aging on 2/6/2020.

These minutes are in draft form. They will be presented for approval by the governmental body on: 2/20/2020