

OPEN MEETING MINUTES

Instructions: [F-01922A](#)

Name of Governmental Body: Governor's Task Force on Caregiving		Time Started: 10:00 a.m.	Time Ended: 3:00 p.m.	Attending: Task Force Members: Adien Igoni, Anne Rabin, Beth Swedeen, Rep. Chuck Wichgers, Elsa Diaz Bautista, Helen Marks Dicks, Jane Bushnell, Jane Mahoney, Jason Endres, John Sauer, Sen. Kathy Bernier, Laverne Jaros, Lisa Pugh, Lisa Schneider, Margie Steinhoff, Michael Pochowski, Mo Thao-Lee, Sen. Patty Schachtner, Stephanie Birmingham, Susan Rosa, Ted Behncke, Todd Costello By Phone: Rep. Deb Kolste, Carol Bogda, a representative for Michael Lauer, Irma Perez, William Crowley Staff: Lynn Gall, Faith Russell, Beth Wikler, Carrie Molke, Andrew Evenson, By Phone: Allison Bolt, Patricia Benesh, Kevin Coughlin Guests: Lisa Lontz, Libby Leinenkugel, Greg Von Arex, Margie Reichwald, Laura Nolan, Collan Rosier, Renee Gibson, Erin Basten, Laura Mazzini
Date: 1/30/2020				
Location: Royal Credit Union Corporate Center Community Room, 200 Riverfront Terrace, Eau Claire, WI 54703				Presiding Officer: Carrie Molke, Director, Bureau of Aging and Disability Resources, Wisconsin Department of Health Services
Minutes				

Governor's Task Force on Caregiving Meeting Minutes (Draft)

Thursday, January 30, 2020
10 a.m. to 3 p.m.

Royal Credit Union Corporate Center Community Room
200 Riverfront Terrace
Eau Claire, WI 54703

- I. **THE MEETING WAS CALLED TO ORDER AT 10:00 a.m.**
- II. **WELCOME** provided by Carrie Molke. The Task Force is refining its initial ideas. Today the Task Force will be listening to presentations on a set of 24 ideas from both workgroups, including progress made in developing ideas and getting initial feedback. Workgroup members who developed each proposal will provide a brief presentation, and Task Force members will be asked to record their thoughts as they listen. Voting on recommendations will not happen today.
- III. **APPROVAL OF MINUTES FROM NOVEMBER 18, 2019**
Ted Behncke moved to approve. John Sauer seconded. Approved unanimously.

IV. QUORUM AND RULES OF GOVERNANCE

Lisa Pugh proposed that the Task Force adopt a 2/3 supermajority in order to advance any idea proposed by a person or sub-group of the Task Force to the Governor as a final recommendation. Susan Rosa moved to approve, with a clarification that in order for Task Force members to cast a vote, they must participate in person or be present via verifiable remote access.

LaVerne Jaros seconded the motion.

Votes cast in favor by all in the room and Rep. Deb Kolste on the phone.

Todd Costello clarified that Task Force members are allowed to send a meeting surrogate in their place. Surrogates are allowed to listen and provide input during discussions, but they are not allowed to vote on behalf of an appointed Task Force member.

V. HOMEWORK ASSIGNMENTS AND RESOURCES

Task Force members were instructed to email resources they would like to share with other members to Allison Boldt (allison.boldt@dhs.wisconsin.gov), and she will send them to the co-chairs to review and upload to the Task Force SharePoint site.

Jason Endres commented that he was not able to make the first meeting of his workgroup and found it disheartening that he did the homework but was told that because he could not participate in the meeting, his assignment wasn't included in the 24 recommendations. He requested that in the future someone be assigned to make sure all input and recommendations submitted by appointed members of the Task Force be included during formal discussions, even if the author of the submission is not present. Faith Russell, DHS staff, will follow-up with Jason to resolve.

VI. FINAL COMMITTEE REPORT FORMAT

Examples and excerpts from other state task forces were distributed on a summary sheet. Task Force members were asked to think about how in-depth final recommendations should be so that others who will be receiving their report will have enough information to act. Allie Boldt will upload the examples to the Task Force SharePoint site.

VII. PRESENTATIONS BY STATE AGENCIES (Presentation attached)

Andrew Evenson, Policy Analyst, Wisconsin Department of Workforce Development (DWD) explained several DWD programs and how they touch workers in the caregiving industry. This included information about:

1. Youth Apprenticeship Program, in which the health sciences career cluster is second only in student participation to manufacturing. Apprenticeships allow earning and learning at the same time, and they are paid by the employer. The number of apprenticeships has been growing, and students must be on track to graduate in order to participate.
2. Career and the education incentive grants available to school districts, which can provide up to \$1,000 per pupil.

3. WI Fast Forward: Funded competitive grants for employers showing there is need for customized training or the need to upgrade current employees. Helps employers meet their training needs.
4. Trade Adjustment Act: Federal dollars for training for jobs that have been moved overseas.
5. Job Center of WI training: All individuals who are collecting unemployment must post a resume on the Job Center website, and DWD encourages any agency/employer to post jobs there and use the site as a job recruiting source.
6. Ongoing outreach efforts: Under-represented populations. Examples: Wiscjobs for Veterans and Division of Vocational Rehab for people with developmental disabilities (DD).

Beth Wikler, DHS Office of the Secretary speaking on behalf of the Office of the Inspector General: Anthony Baize, Director of the DHS Office of the Inspector General, has heard about concerns related to potential conflicts between the Office of the Inspector General (OIG) and the DHS Division of Quality Assurance (DQA). Otis Woods (DQA) and Mr. Baize have been meeting to discussing how to address the concerns that members of the Governor's Task Force have raised at previous meetings.

Mo Thao-Lee stated that it is good to have state regulation, but someone who provides the caregiving should also be having input/a say before OIG or DQA issues a penalty or reaches a determination of non-compliance.

Pat Benesh, Policy Analyst in the Division of Quality Assurance (DQA)

DQA licenses and regulates more than 400 programs and facilities in Wisconsin, and conducts caregiver background checks and investigations into alleged caregiver misconduct. They oversee nursing homes and assisted living facilities, and license and regulate agencies that provide personal care in their home, including hospices. DQA's chief concern is to ensure quality of care, quality of life, and that vulnerable individuals' rights are being respected and protected. DQA staff does this through unannounced inspections and investigations, and preserving the anonymity of those who file complaints with the agency. In looking at the Task Force's preliminary recommendations, there are many ideas that touch upon DQA. State staff are available to all members of the Task Force, and Ms. Benesh looks forward to collaborating on projects. She also is happy to help resolve any issues that come to the attention of Task Force members during the course of their work.

Kevin Coughlin, Policy Initiatives Advisor, DHS Division of Medicaid Services (DMS)

1. WisCaregiver Careers Program with DMS and DQA – 2 yrs ago DHS received a \$2.3 million grant to address the shortage of caregivers in nursing homes. DHS used this the grant to invest in strategies to get more people to apply and work in WI nursing homes. The WisCaregiver Careers Program is coming to a conclusion and the Task Force may want to leverage that \$2.3 million investment, the lessons learned and the marketing done to train and test individuals to continue recruiting paid caregivers in the future. It

has been a very effective program so far. The program recruited 9,000 people to become CNAs and work in a participating nursing home. The package included free training and testing and a \$500 retention bonus paid by employers. He said DHS was overwhelmed with the number of people interested in getting into this career. WisCaregiver Careers has built a successful brand, a website and a data collection mechanism, which could be used if the Task Force would decide to expand and track the WisCaregiver Careers Program beyond nursing homes.

2. Personal Care Workers – Early exploration in reaching out to workers in this area. Currently, there are fairly minimal training requirements, and what training they do have often doesn't transfer from place to place. DMS is considering the benefits of creating a two-tier system for personal care workers: a regular PCW1 and PCW2, which would provide a certificate issued by a 3rd party that would include a listing on a public registry showing competency-based training.

Discussion

Stephanie Birmingham: The Task Force's Training and Qualifications subgroup is recommending much of what was just said. She believes the subgroup should invite Kevin Coughlin to attend at least one meeting. Mo Thao-Lee agreed and suggested that Mr. Coughlin meet with them or share information so the subgroup can put all information together into a good proposal. He offered to interact in any way the workgroup decides would be helpful.

Task Force Co-Chair Lisa Pugh asked if there might be a way the DHS WisCaregiver Careers Program, or something like it, could connect with DWD with regards to apprenticeships for personal care workers (PCWs) Kevin said that DMS is in the very early stages of the PCW expansion process and he is interested in connecting with the Task Force to find ways to get DWD and other stakeholders involved.

Adien Igoni asked for clarification of how many people who completed the WisCaregiver Program were employed and staying on with their sponsoring employer? Kevin said the numbers were approaching 1,000 people working in nursing homes for the WisCaregiver program but noted that it is the responsibility of nursing homes to enter data into the DHS tracking system, so he cannot be 100 percent sure the figures are accurate. The majority of employers are entering their totals, but full data isn't always coming in. That said, he is pretty confident that a majority of WisCaregiver Career participants are working in a participating nursing home and noted that many WisCaregiver Career participants are still in the process of taking their tests. DHS hopes to be close to the 3,000 job target it set for the program when it ends. If a participant is hired somewhere other than the sponsoring nursing home, such as at a hospital or somewhere else, the worker is required to repay the grant. Occasionally, hospitals or other employers that hire WisCaregiver Career graduates will pay back the loan on behalf of participants they hire.

Subgroup members agreed they should invite Kevin to their next meeting.

Helen Marks Dicks would like to meet with Kevin about options for addressing spousal impoverishment and estate recovery. She will send him an invitation.

VIII. WORKGROUP PRESENTATIONS

Workgroups were instructed to keep presentations to three minutes, after which Task Force members would be able to ask questions to help move ideas forward into development. If there is a proposal that a Task Force member feels absolutely should not move forward, they were asked to make that known. Those items will be recorded in a "Parking Lot" to be addressed later.

Each Task Force member was asked to rank the 24 proposals on a spreadsheet, which should be an accurate reflection of each member's point of view. DHS staff will compile responses and make available for the two workgroup meetings next week. Three ratings: Tier 1: I'd likely support. Tier 2: I need additional info before I could support. Tier 3: Likely would not support it.

Family Caregiver Workgroup

A. Clearinghouse

1. *Assess, evaluate existing system and provide single entry point for resources.* Include geographic maps of resources, and set up a system for increasing awareness of current resources within ADRCs, counties, and tribes.
2. *Build and staff clearinghouse.*

B. Statewide Caregiver Assessment

1. *Pilot the adoption of a uniform statewide caregiver assessment.* Goal is to find a caregiver needs assessment to identify at-risk families in need of more intense case management. Pilot the state adoption of the caregiver assessment as a competitive RFP in 3-5 consortiums that meet certain criteria yet to be set. Consortiums should include Medicaid and non-Medicaid partners, ADRCs, MCOs, IRIS consultant agencies, tribes and health care providers.
2. *Collect additional data about Wisconsin family caregivers*

C. Public Awareness Campaign.

1. *Launch a comprehensive, long-term campaign to support Wisconsin caregivers.* Elevate culture of caregiving, drive people to clearinghouse with information, and educate public on the magnitude of need.

D. Drive Legislative Change

1. *Support Wisconsin Care Act (LRB 4369).* Legislation would ensure that family caregiver is recorded when a loved one is admitted to the hospital, and is notified if a loved one is brought to another facility or back home. The facility would also have to provide an explanation and live instructions on medical tasks for caregivers.

2. *Support a Wisconsin Credit for Caregivers (2019 Wisconsin Senate Bill 126, as introduced)*. The original bill would provide a \$1,000 non-refundable tax credit to cover out-of-pocket costs for caregivers for individuals earning up to \$75,000 per year.
3. *Support Wisconsin Medical Leave Act Expansion*. Legislation updates when leave can be used, for example, by allowing leave for chronic conditions, and ensure that caregiving is a covered reason for leave. Work to clarify who is eligible to take leave, advocate for Governor Evers to expand Medical Leave policies.

Comments and questions:

Clearinghouse:

- Would the clearinghouse have a budgetary component, and would there be a need for a change in statute?
- Laverne Jaros wouldn't support a Clearinghouse because she hasn't seen a large clearinghouse be successful, especially not 211. It cannot take the place of ADRCs. (Clarification that the Clearinghouse would not, nor is intended to, replace assistance provided by ADRCs)
- The National Alliance on Caregiving is thinking about doing something similar to this.
- Surveys show that one thing caregivers want is one place they can go to for all their needs, whether it's an ADRC or a clearinghouse. We are trying to solve a navigation problem. One way or another we need to address it. If you're going to hire some people to pull the info together, there would be some fiscal impact.

Caregiver Assessment:

- Anne Rabine - Feels very intrusive to me. Wouldn't like it if state was assessing my ability to care for my family, and we don't have the resources anyway. Feels it would be a barrier for Family Care
- Sen. Kathy Bernier – Wisconsin has limited resources, so acuity and equity needs to be divided in the right ways for people who need care.
- Lisa Schneider referenced a recent caregiver survey conducted by the Wisconsin Family and Caregiver Support Alliance (WFACSA), which surveyed 500 individuals, all of whom said that they have never been asked by anybody whether they have the support they need. Most caregivers would like to be asked.
- Susan Rosa believes caregivers would love the idea of someone asking and assessing what they need and would not find it intrusive.
- Elsa Diaz Bautista suggested that it not be called an "assessment" – which implies that the state or agency doing the assessment is questioning/judging how well family caregivers are doing their jobs. It could be seen as a tool that could be used to penalize a caregiver instead of support them. Suggested if the name is changed, it won't seem intrusive.
- Do we need a five-year pilot given the caregiving worker shortage crisis we're in? Would three years be enough time to show success? Or even less time if Wisconsin piloted a

model like TCare® (Tailored Care) or another assessment tool that is already tested and evidence-based?

- Aiden – Is there another point of contact within the current system where this assessment could be done? Put it there instead of creating something new.

Public Awareness Campaign:

- Does the proposal before us plan to start from scratch or build on what's been going on?
- What is the outcome we want? Professionalize the role of caregivers and receive higher value for the work? Drive people to training for getting into the career? Would there be a person for people interested in learning more, receiving training or entering the paid caregiving field to contact after seeing the ads?
- Campaign should paint a picture of what the future will look like if we don't do this.
- Lisa Pugh isn't sure that the big funding that often goes into ad campaigns produces success. She wants to know more about how other states that have used media campaigns measured their success? Does the campaign result in more people feeling supported and actual changes in communities? We have to be able to say something about changes in behavior or accessing caregiver support services.
- Task Force Co-Chair Todd Costello suggested also using a public awareness campaign to attract direct care workers, and using employment rates for jobs in the field as a way to measure success.
- It was agreed that this idea needs more clarity: Would the campaign be aimed only at family caregivers or also at community appreciation for paid caregivers? This particular proposal came from the Family Caregiving Workgroup and is focusing on appreciation for family caregivers and where they can go for education and resources. Do we need two separate campaigns?

Drive Legislative Change

- Wisconsin Care Act: helps caregivers when patients are discharged from hospital and provide training in follow up care.
 - Questions: Is it relevant for us to do anything if the bill already has momentum going?
 - Short of a miracle, it won't pass this legislative session even though it has been shown to help caregivers in other states.
 - Mo Thao-Lee: Provider perspective- supports the Act if a focus on caregiver and client is involved. Sometimes care agencies don't even know if patient has been discharged and where they are. It takes time to go into a home to provide training to caregivers. Supports the legislation and would help others who want change.
 - Bill number AB 584, SB 516
 - Hospitals oppose because the bill is focused on hospitals specifically (41 other states have implemented successfully)
 - How do you address when there is a caregiver that may or may not be a family member?

- Wisconsin Credit for Caregiving (AB126/SB126): Refund for family caregivers to help defray expenses incurred. Amendments have been introduced that reduce who could qualify and how much they could get. Questions to be answered for future meetings:
 - Clarification of tax credit cap
 - Which caregivers are not covered? Started out as bill for all caregivers as long as you filed a tax return and had a tax liability. Compromise bill that reduced cost to the state eliminated eligibility for people in nursing homes and people in FamilyCare and IRIS. Task Force members want to go back to original version.

Family and Medical Leave Act

Clarify that FMLA could be used to cover caregiving and chronic conditions. Law is currently tilted towards acute care. Add protections for time required for discharge planning and other caregiving tasks. Want to specify that the person in need of care isn't limited to an acute care need.

- Two parts:
 - 1.) Expand definitions in order to cover more types of caregiving and time for meetings and planning that caregivers/patients require.
 - 2.) Add option to purchase FMLA insurance so that FMLA is time paid time off.
- Feedback:
 - Clarify what is meant by insurance?
 - Right now, each employer decides if FMLA is paid or unpaid time off. Some employees don't have sick leave but are covered by FMLA. One option could be that employees could pay X amount in order to receive paid FMLA. Time allowed could depend on how much a person pays in, or be set using some other standard.
 - Helen Marks Dicks asked if people need access to any type of leave more than they need it to be paid leave? Should the Task Force's proposal focus on access to leave only or include paid leave?
 - It was stated that if an organization has a sick leave policy on the books, what is preferable is a change to FLMA to enable workers to use sick leave for caregiving responsibilities, if a person chooses to do so.
 - Need to clarify this point in the legislation. Intent is to make as much leave available as possible – paid and/or unpaid, or a combination of both.
- One member suggested that the Workgroup should also look at estate recovery and spousal impoverishment that may affect caregivers.

Direct Care Paid Workforce Workgroup

A. Direct Care Worker Employee Benefits:

1. *Medicaid Expansion per Federal Law*
2. *Income disregard for direct care workers.* Options might include state benefit programs, health insurance exchange, state income taxes
3. *Redesign IRIS and MCO rates.* Enhanced rate for providers who offer credible health insurance, designated percentage or amount of rate increases to MCOs and IRIS that must be used for wages and benefit increases, methodology to ensure that state reimbursements for MCOs and IRIS include pass through to workers

B. Regulation and Compliance

1. *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
2. *Community-based Residential Facilities Hiring.* Change statute to allow hiring of 16 years or older instead of 18 or older

C. 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 annually (CPI).
2. *Require Workforce Impact Statements in the budgeting process.*
3. *Payment standards for nursing homes based on actual costs of care.*

D. 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 or retirees.
2. *Encourage WI Congressional delegation to support immigration policy reform*
3. *Media campaign improving image and explaining need/value of LTC workers,* with a hotline for information about careers and volunteer opportunities.
4. *Replicate models in other states where MCOs are contractually required to create employment opportunities for people on Medicaid.*
5. *Examine current background check policies keeping people from being eligible for employment.*

E. Statewide Training

1. *Adopt a Statewide Standard for Training for Direct Service Providers*
2. *Count Work Experience for CNA Certification*
3. *State Funded Training.* Grants from DWD to Fund Training for Community Based Personal Care Workers Similar to the Wisconsin Caregiver Career program

Comments and questions:

Direct Care Worker Employee Benefits

- John Sauer: Is there anything we can do to address the benefits cliff because if many care workers work more hours, they lose their BadgerCare? Is there anyone who can explain how other states may have addressed this? Is there any way to address this as a waiver?
- Rep. Chuck Wichgers: Those who are opposed to expanding Medicaid eligibility have articulated their reasons very clearly. Once federal money goes away and the Medicaid system is expanded, it's left to state government to cover the cost. This won't be a good transition for people who relied on that extra money.
- Lisa Pugh asked if it would harm the Task Force in any way if we move it forward in the final report that the group submits? Rep. Wichgers said that it's important to hear what's important to your industry even if you know it isn't going to happen, that's the Task Force's prerogative. Be very careful if you got it and then it went away, how would you react? If there's another solution that's practical and a long-term solution, that is what he would suggest. Need to identify what will give providers the ongoing revenues that caregiving businesses need.
- Elsa Diaz Bautista asked if the recommendation would it be stronger if there were suggestions about how to sustain the change without federal assistance? Rep. Wichgers replied no.
- Lisa Schneider suggested that a recommendation be put forth as one part, but not the only part, of a larger solution to worker shortages. We know there is likely to be a Phase 1 and Phase 2 of the Task Force.
- Income disregard: Disregard the first \$15,000 of earnings for all programs (Examples on Sharepoint from other states and four articles sent to Faith and the co-chairs.) Would mitigate the benefit drop for childcare subsidies and FoodShare eligibility. Some view as an incentive to work more and eventually be able to no longer need Medicaid programs.
- It was noted that some bank tellers are on Badgercare even though banks make huge earnings, and Walmart employees as well. Why should direct care workers be penalized/not eligible?
- Helen Marks Dicks is not a supporter of establishing an income disregard that only applies to direct care workers. It is not reasonable to single out one group of poverty-level workers and ignore others, such as child care providers, tipped workers, others.
- Beth Wikler: There cannot legally be a Medicaid buy in/carve-out option by profession. This was learned when the Survival Coalition looked at options. Suggest the Task Force not spend time proposing something we already know can't happen, if possible.
- John Sauer: Suggested proposing a way to give an employment benefit that would allow care industry workers an affordable option to buy into their employers' health care.
- The Benefit and Rate subgroups both submitted a recommendation that the state redesign IRIS and MCO rates to agencies if they provide credible health coverage for care workers. Include contract language that requires part of the Medicare rate increase to go to the agency for direct care worker.
- Would MCO administration expenses increase because there would be a requirement to ensure rate increase funds are being applied to worker pay?

- Define what a “credible health care plan” is – suggestion to use the Affordable Care Act actuarial table. (65%)

Regulation and Compliance

- Adien Igoni: Programs must be overseen by only one agency that decides what constitutes fraud, waste and abuse. Agencies are too afraid of OIG audits and fines. Determinations should be based on clear instances where services were not provided but a bill was submitted stating that they were, not for clerical errors. Money saved not paying unnecessary fines could, instead of going to OIG, go to paying staff more.
 - Lisa Pugh: Requested concrete data how often these types of fines are being issued. How many providers and how much money is being recouped? What type of violations? Want to make sure that we know what the objective information is on how often fraud is actually happening. All industries have it. Don't want to look like the Task Force is trying to weaken attempts to stop fraud.
 - Allow hiring paid caregivers at 16 years of age with restrictions and protections for CBRFs without going through a waiver process. Should be available for other licensures as well.
 - Lisa Schneider: Concerned about inappropriate touching of 16 year olds that could lead to legal issues for agencies and individuals receiving care.
 - Jason Endres: Wants the best quality caregiver he can get, and doesn't believe that a high school-age teen who doesn't really know the ins and outs of personal care can provide that.
 - Stephanie Birmingham agrees with Jason: She's concerned about the social developmental level across the lifespan, although in her view a 16-year old is much the same of an 18 year old. The human brain isn't done developing until 24. Not a good idea unless they have been a caregiver for their own family member with a disability. They're (16-yr-olds) too vulnerable themselves.
 - Sen. Kathy Bernier: Not one size fits all. You wouldn't want to put a young caregiver where the person isn't receptive. There may be someone who would welcome a 16 year old to provide some cares, but not others.
 - Beth Wikler: We should also be thinking beyond CBRFs, like Children's Long Term Care Supports (CLTCS) programs, which could allow someone a little older than you to provide your supports. This arrangement might be very welcome.
 - Medicaid costs continue to increase in the budget but we have no idea how much of the increase, if any, goes to worker pay increases. MCOs can say the state didn't provide enough of an increase to give pay increases because we're limited by federal managed care rules to tell MCOs what they have to do. Suggest there be a specific delineation in the state budget for an amount that must go to pay increases up front. That number should be reflected in an annual increase tied to costs. MCOs would then be required to report back to the department with the average pay increase they awarded by provider type. MCOs would have to be transparent about the increases they provided.
 - Lisa Pugh: This is a technically difficult recommendation. The actuary formula used is supposed to be unbiased.
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- John Sauer: Basing increases on trend costs when no pay increases are/have been given keeps actuary recommendations low. If we don't start getting money to providers to pay their staff, why are we here? MCOs will argue they're not mandated to do it and say they need all rate increases to pay for their infrastructure.
 - Ted Behncke: If we don't put enough investment in the top we keep slipping further down, including our inability to provide healthcare workers, and there is a further slip in status for the profession.
 - Sen. Kathy Bernier: We need to look at the capitation rate – we need to look at our delivery system.
 - John Sauer: The state realized that the concern was so high to include a 1% requirement to move payment to providers. What can keep it going?
 - DHS & DMS staff can help figure out specifics of these questions.
 - Make the nursing home payments standard before the budget is passed: NHs are also in crisis mode – denying admission because can't find staff. Homes are closing, but even those that remain open are reducing operations because they can't sustain the Medicaid losses. Wisconsin is last (in the country) in nursing home profitability. Need to develop a payment standard for nursing home care – MN received a 5% increase for direct care costs. Rural areas are even worse with lower labor increases.
 - Feels like there is a disconnect between MCOs and the funding source – the methodology used for what they want to pay care workers and what it really costs to serve the person receiving the care.
 - Lisa Pugh reminded members that the Governor's Task Force is not charged with finding workers for a particular industry. Can the rate discussion be widened to include all care workers?
 - John Sauer: Pointed out that the first proposal addresses Family Care providers. The second one addresses care workers in skilled care. The workgroup hasn't left anyone out intentionally. Emphasized that if we don't do something, there won't be any good providers left. There is a projection there will be shortages across the state by 2028.
 - Lisa Schneider fears that facilities will only accept the easiest residents and difficult/needy cases won't have a place to go. What can be done to ensure that doesn't happen?
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Untapped Workers (& Registry)

- Expand WisCaregiver Career Program: Need to track where participants to when they leave the program.
 - Rep. Chuck Wichgers: Every industry has the same game plan to go to DWD trying to get the high school kids into their internship programs, the health care industry, hospitality, etc. It is a very competitive space. This (caregiving) job was never meant to be the primary income of a family. It's the same story, different industry.
 - MCOs are required to create employment opportunities for people on Medicaid. What kind of job could they do? We end up back to the question/problem of

limitations on income to maintain Medicaid health coverage, perpetuating the low-level jobs.

- Question was raised whether the MCO requirement to create employment opportunities for Medicaid recipients really connects to professional caregivers, or is this an employment initiative for people receiving Medicaid?
- Jason Endres: People on Medicaid are an untapped segment of workers that wasn't included in previous discussions. Wisconsin should have an online network of people willing to work, with approved background checks. When bios are done and paperwork is complete, there should be a place where families/people can go online and find the workers. A registry.
- Background checks: DHS policies are beyond the current caregiver law. Very strict for unrelated offences a long time ago. The IRIS Advisory Committee has been looking at this – Should contact Betsy Genz at DHS because she has been doing a crosswalk of this issue across all other programs.
- Encourage congressional delegation to encourage immigration reform that were part of report by Leading Age
- Rep. Chuck Wichgers: Generally, working with immigration is not working in other countries that are 20 years ahead of us. They are rolling back all the efforts they made and are now subsidizing.
- Jason Endres: Anyone that is coming to this country to work is going to find a job and stick with it. He has had many good workers who have been immigrants, and they are valued citizens and we need to reach out to them because they are the ones who will do the “3rd rate citizen work.” (Jason's term for people with disabilities.)
- Jane Bushnell: Is it working for the Dells?
- Adien Igoni – Wisconsin Dells jobs are nice compared to jobs in the care industry. It's not really a fair comparison. Important to note that immigrants often have skills and lifestyles of caring for others that Americans lack. Most do it as a matter of routine.
- Helen Marks Dicks: This issue is beyond the scope of this Task Force. Immigration is a national policy issue, and the Task Force should not be spending time and energy on something for which the Task Force's influence will be a drop in the bucket. Suggested this item be placed in the parking lot and stay there. Using the Task Force's influence to attempt influencing congressional reps won't have measurable results.
- Beth Wikler: Suggested that the Task Force consider a recommendation that is specific to caregivers in Wisconsin, something that the state can do rather than the federal government because the Task Force's sphere of influence is the state government.
- John Sauer: Believes that it is appropriate for this body to be a “bully pulpit,” which as a body, gives voice to the congressional delegation that we must look at sensible immigration reform. Denis Winters, the DWD economist who presented at the first Task Force meeting, when posed with the question of what we can do, he said there are two things that can be done:

1. Pay better so you can compete
2. Look at immigration reform

There are only so many people/workers available. If we don't legally address this issue, industries will always just be stealing workers from each other.

Media Campaign to improve the image of LTC workers and advance career opportunities

- Lisa Pugh: Wants a way to measure of media campaign effectiveness. A lot of money gets spent really fast.
- Jane Mahoney: Need more help from a marketing specialist

Statewide Training

- The Task Force wants input from providers on training programs already being used. Want to make sure there is some mandated training but not prescribe all training. A final recommendation is more likely to be a process to meet a quality standard than prescribe a specific training.
- Is there a shortened course for people who have been CNAs in the past? Must they go through the whole training again? There is a bridge course that allows people from other states to only take extra classes. Sen. Kathy Bernier is in favor of making a short path to recertification.
- Request funding for expanded WisCaregiver Careers Program to train workers for all types of care workers, not just in nursing homes. Provide reimbursement for the cost of training.
- Funding training through state budget dollars and DWD Fast Forward dollars, or other mechanism.

IX. NEXT STEPS

- DHS staff will compile members' rankings and have this information at next week's workgroup meetings. This will provide a check on members' current level of support for each proposal.
- Ask DHS/DWD staff to help develop ideas and answer questions.
- We have not yet talked about the development of a Caregiver Registry.
- Need to do a cross-walk of the proposals with the charges in the Governor's Executive Order.
- Timeline- The May meeting is when proposals will need to be developed in some detail, using that meeting to decide where the whole Task Force stands on specific recommendations.
- Ideas for future workgroup meetings:
 - Clarify questions from today.
 - Make a clear list of what needs to be done and make assignments. Workgroups need clarity, accountability and deadlines.

- Get feedback from members if they scored a proposal Tier 3. Was the proposal unclear, or is more information needed, or just disagreement?
- Helen Marks Dicks would like to hear from someone who can talk about estate recovery and spousal impoverishment to consider optional reforms.
- Review options for the final report/end product content and format
 - How specific/deep do we want recommendations to be?
 - Include a fiscal impact statement, or leave to others to make estimates?
 - How many recommendations should be made?
 - Do we want a weaving committee? (A group to integrate ideas and smooth out differences identified.)
- Benefit Cliff- It would be really helpful if the Benefits subgroup or Direct Care Paid Workforce Workgroup could meet with someone who understands the interplay between the various benefit programs.
- How are we going to get stakeholder input? Would like to have listening sessions across the state to discuss recommendations. One way to begin that now is to be publicly and consistently advertising Task Force meetings and asking for public comments. Task Force members need to be reading public comments submitted on the website. (Posted on SharePoint)
- Would like to have an expert in marketing who could address concerns regarding the cost, reach and anticipated outcomes of a public campaign.
- What will Task Force work over the summer look like? We need to figure out so that people can plan their schedules.
- Given that Wisconsin has a split government, the Task Force needs to consider bipartisan recommendations that the governor and the legislature can both champion.
- Include art in narratives for recommendations – Understand how to write for different audiences. Figure out how to make it attractive to those whose support is needed.
- Public hearings and input. Once recommendations are agreed upon, Task Force members will need to go out and “sell” them. Have to convince public, governor and legislature. What we do with the report is a group discussion for a future agenda.
- Laverne Jaros stated that she is not here to just do political bidding. We are here on behalf of lots of different constituencies. Stressed that the Task Force cannot filter its work based on what is assumed will pass the current Legislature. Must frame it in a way that people will understand. Can't sell just to the politicians.

X. PUBLIC COMMENTS

- Ruth Onyx- Altoona (sister city to Eau Claire). No comments on Electronic Visit Verification (EVV). This will have a very negative impact on community workers who will have to work within this system. Clerical errors that resulted in non-payment to agencies. Has DMS checked in with OIG on EVV?
 - Caregiver assessment- There are so many people coming in to people's homes. We don't need another person.
 - ADRCs need to have more info on individuals with disabilities.

- Caring across generations. Check out this public media campaign.
- Family Medical Leave needs to be a paid option. Workers don't have benefits, sick leave.
- Medicaid expansion- benefits to individuals and families, coverage for the working poor. Need to talk about community investments. Priorities as a country and the costs associated with not expanding Medicaid. Already (who?) absorbing these costs.
- MCO and IRIS workers should be able to buy into state health insurance options.
- Get stakeholder input.
- Renee Gibson- support broker with Consumer Direct Care Network. Office in Eau Claire. Used to work with WIOA (Workforce Innovation Opportunity Act). Now working with applicants. Caregiver barriers are wages and benefits. Can get job at Culver's for \$13 an hour with full benefits.
- Mo and Adien- sit down with OIG and DQA - Issues related to developing a caregiver registry and DQA/OIG are interrelated.

XI. Adjourned at 3:00 p.m.

Prepared by: Lynn Gall, DHS Office on Aging on 2/10/20.

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