

OPEN MEETING MINUTES

Instructions: [F-01922A](#)

Name of Governmental Body: Governor's Task Force on Caregiving			Attending: Present: Lisa Schneider, Todd Costello, Jane Bushnell, Margie Steinhoff, Stephanie Birmingham, Sue Rosa, Jason Endres, Ted Behncke, Laverne Jaros, Beth Swedeen, Jane Mahoney, Sen. Patty Schachtner, Mike Pochowski, Lisa Pugh, John Sauer, Michael Lauer, Adien Igoni, Bill Crowley, Helen Marks Dicks, Rep. Deb Kolste, Rep. Chuck Wichgers, Anne Rabin, Sen. Kathy Bernier, Elsa Diaz-Bautista, Mo Thao-Lee, Delores Sallis Absent: Carol Bogda, Irma Perez DHS Staff: Nikolai Kapustin, Lynn Gall, Faith Russell Guests: Sarah Barry, Linda Bova, Anna Lezotte, Patti Becker, Michael Blumenfeld, Jolene Plautz, Christel Giesen, Mari, M. Konecke, Erin Fabrizius, Ann Gryphan, Mindy Ochs, WisconsinEye, Laura Nolan, Kerry Winkler, Lindsey Farrell-Gorke, Carrie Gartzke, Savanna Stevens
Date: 6/11/2020	Time Started: 10:00 a.m.	Time Ended: 3:00 p.m.	
Location: Virtual meeting via Zoom			Presiding Officer: Todd Costello and Lisa Pugh
Minutes			

Governor's Task Force on Caregiving Meeting Minutes June 11, 2020

- I. **WELCOME AND OVERVIEW OF AGENDA** - by Faith Russell
- II. **APPROVE MINUTES FROM MAY 14, 2020 and May 28, 2020**
Stephanie Birmingham moved to approve. Rep. Deb Kolste seconded.
Approved unanimously.
- III. **CROSSWALK OF PROPOSALS WITH CHARGES IN [Executive Order #11](#)**
A crosswalk of draft proposals is available [here](#).

A section or statement addressing health equity will be included in final versions of all proposals.
- IV. **PRESENTATIONS AND POLLING ON DRAFT RECOMMENDATIONS**
The draft policy proposals may be found at: <https://gtfc.wisconsin.gov/content/draft-policy-proposals>. Discussion of draft proposals is reflected below.
 1. **Background Check Policies - Untapped Workers**
Presented by Jane Bushnell
Revise policies that are keeping people from being eligible for employment; eliminate inconsistency across IRIS and other adult Long Term Care programs.

Recommendation: To expand the Direct Support Professional pool of applicants by eliminating barriers to hiring related to background checks and creating consistent hiring criteria across all adult Long Term Care programs.

- Uncover existing barriers and inconsistencies that prohibit the hiring of individuals with similar background check findings in IRIS.
 - Agencies supporting IRIS participants estimate that 10% of IRIS worker applicants have background check issues that make them ineligible for hire. This equates to 2,606 untapped workers calculated as follows: As of December 1, 2019 the IRIS enrollment map shows 20,044 participants/consumers.
 - Fiscal agencies estimate an average of 1.3 workers for each participant. Calculation of $20,044 * 1.3 = 2606$
 - In addition, agencies supporting IRIS participants estimate that 10% of individuals do not apply for these positions due to the background check criteria. This equates to an additional 2606 untapped workers.
- The current experience suggests that requests to hire individuals are often family members or friends who are currently providing unpaid support for these same services.
- Seek clarity from DHS regarding the decision to expand the list of convictions that create the “bar from employment” list within IRIS.
- IRIS program move toward the same background check hiring criteria that other adult Long Term Care programs maintain.
- Use consistent risk agreement criteria based on informed consent disclosed by the background check.
- Develop targeted recruitment strategies to address this untapped workforce.
- Develop better quality-monitoring initiatives to support the health and wellbeing of consumers who choose to hire individuals with a risk agreement.
- Explore the success of the State Rehabilitation Program.
- Phase II: Explore a portable background check.
 - Recommendation to the registry group?
 - Federal background check options.

Question: Sue Rosa - What are the chances that if you are looking for equity across programs that the other programs will become more stringent? What is a risk agreement?

Answers: Todd Costello – There is a requirement that a caregiver must disclose any transgressions in their history. The person hiring must weigh the risk and decide if they are willing to take the risk to hire them.

Jane Bushnell - There is a slim possibility, but that is not the proposal in front of us. This proposal is geared at moving IRIS background checks in the direction that managed care organizations do them.

Todd Costello: We want to ensure the health and safety of all individuals, including monitoring care being provided.

Question: Stephanie Birmingham - Explain how background checks can be different for different programs.

Answer: Jane Bushnell - A 27 year-old charge could be permissible if hired by an agency, but not in the IRIS program.

Comment: Lisa Pugh - This subgroup should consider the equity issue for this proposal because it is the tribes and other cultures that in particular do, or want to, hire family members and others in their communities.

Poll Results: Move forward for further development

Yes 23

No: 2

2. Rates: Nursing Home and Personal Care Payment Reform*Presented by John Sauer*

The Wisconsin Medicaid nursing home and fee for service personal care reimbursement systems should be reformed to create payment standards that are reflective of the actual cost of care. Currently, the Medicaid program establishes payment rates for nursing homes and personal care workers according to the funding levels made available by the Governor and Legislators through the State Budget process. As proposed, budgeting for these services in the future would be more directly tied to: (1) paying for a specified percentage of the actual cost of care (for nursing homes) and (2) an estimated hourly wage to be paid to personal care workers.

Question: Anne Rabin - The proposal uses an example of personal care agencies paying direct care workers \$14-\$16 per hour. Can this be re-worded without naming a rate? She would support the proposal more if included all workers, not just agency personal care workers.

Answer: John Sauer – The pay rate in the proposal was included to aid in developing an estimate. It is not a pay rate being suggested. The proposal does not intend to leave anyone out. Nursing home workers were not included in the rate band proposal that the Task Force considered at its last meeting, which is why this is a separate proposal.

Question: Rep. Deb Kolste - How do nursing homes report their costs?

Answer: John Sauer – Detailed Medicaid cost reports are filed with DHS annually before the rate setting process is allowed to begin, and there is Medicare cost reporting going on as well.

Question: Lisa Pugh - When DHS provided feedback to the Task Force, they said that if this were done there would be benefits ramifications. How does that play in?

Answer: John Sauer – We can't expect CNAs to stay in jobs if nursing homes close, and they certainly won't see much in a way of a pay rate increase. This is very similar to the rate bands funding proposal. If we're going to provide adequate wages to workers in nursing facilities, it can't be done unless we change how we pay facilities. In July, there will be a 1% rate increase. The State of Wisconsin is far behind in paying for actual costs. Low rates threaten the viability of nursing homes and threatens wages.

Question: Beth Swedeen – The proposal references the Minnesota model. Minnesota's rates are tied to a scorecard that is published. Is this proposal looking at boosting quality of care measures along with asking for higher rates?

Answer: John Sauer – Nursing homes and patients would benefit from a scorecard, but what I'm saying is that our system is so broken right now that we don't even pay for adequate care. We need to start at the base level.

Question: Lisa Schneider - Are nursing homes budgeting at a uniform staffing ratio?

Answer: John Sauer - The money that nursing homes have determines what their staffing ratio will be – what they can afford. The problem is that homes cannot attract enough staff. The industry had a 23% vacancy rate even before COVID-19. Homes have had to downsize because they can't find the staff, which ties back to the Medicaid reimbursement levels and

pay rates, and demographics to some degree. DHS does have access to data on nursing home staffing levels because it is mandatory to report that data to CMS. One can compare staffing levels for facilities, and they are rated.

Question: Stephanie Birmingham – There is a philosophical shift in people wanting to remain at home. How does that affect this proposal? Perhaps nursing homes are a dying industry? Do they still serve a purpose? With Olmstead, nursing homes are not appropriate for many people with disabilities.

Answer: John Sauer - Fewer than 2% of people in nursing homes are people with disabilities. This proposal is part of the whole care continuum. Most people would say that there is a role for nursing homes in the system, and the increased need for them is coming with our population aging faster than ever before.

Mo Thao-Lee – Regardless of whether people want to stay at home, nursing homes will still be needed simply because there are people who won't be able to receive certain kinds of skilled care at home.

Poll Results: Move forward for further development

Yes: 19

No: 4

3. Regulation & Compliance: Regulatory proposals for pre- and post-COVID-19

Presented by Adien Igoni

Direct care providers support efforts to fight waste, fraud and abuse in the state's Medicaid program. However, inconsistent rules and policy interpretations used by different Medicaid regulatory entities --DQA and OIG-- have made it nearly impossible for providers to navigate the regulatory landscape. Multiple Wisconsin courts have ruled that current state audit and recoupment practices exceed statutory authority and hold Medicaid provider agencies to an unfair 'perfection standard.' Medicaid providers have been directed to pay back months' or years' worth of income due to minor clerical or charting errors that do not affect the Medicaid claim amount or patient care. These punitive and unfair practices are [driving dedicated caregivers](#) out of the profession at a time when our provider network is on the brink of collapse due to underfunding and overregulation. The Wisconsin Hospital Association, the Wisconsin Medical Society, the Wisconsin Dental Association, the Wisconsin Pharmacy Society, the Wisconsin Health Care Association, the Wisconsin Personal Services Association and LeadingAge filed a joint amicus brief with the Wisconsin Supreme Court in March 2020 asking them to address this widespread regulatory issue. They wrote in their joint filing: "recouping payments for *covered services* that were *actually provided* does nothing to prevent such fraud. It only deters qualified health care providers from providing services to patients."

Comment: Faith Russell, DHS staff shared that the DHS Office of the Inspector General (OIG) said that it cannot comment on open cases related to the brief that was attached to this proposal. OIG also mentioned that the current recovery and operating issues are aligned with the Wisconsin administrative code, so that any proposed changes would likely require an update to the code.

Clarification: Todd Costello – This proposal does not ask OIG to address any specific case. It goes beyond that. These issues have been around for so long, it is probably one of the driving factors of caregiver turnover because the required timesheets are so complicated, and good workers are often terminated because of their inability to fill out a timesheet. Agencies are operating under a fear of audits.

Comment: Adien Igoni - There is an equity issue for people whose first language is not English. There shouldn't be such a huge financial burden for submitting an incorrect checkmark or punctuation.

Comment: Rep. Chuck Wichgers - Many providers over the past 10 years have used the term that the system is broke when it comes to an audit situation. Others have referred to it as fractured. More commonly today the smaller niche providers say it's shattered. The standards are sometimes not interpretable to some of the smaller providers that are doing really unique things, especially with language barriers and the amount of documentation that is required.

Comment: Jane Bushnell - This proposal will also help attract workers throughout the state of Wisconsin. Agencies are fearful of providing personal care workers raises because we never know if we are going to be hit with a fine/recoupment, not because of abuse or fraud, but because of the perfection standard that providers are held to for paperwork.

Comment: Rep. Deb Kolste - She has been asked to address this during her eight years as an elected official. The Task Force should move it forward.

Question: Lisa Pugh – Is this within the scope of what the Task Force was directed to do? To move it forward, the group needs to clarify the direct connection to caregivers and improving quality for providers.

Question: Sen. Kathy Bernier – Has the sub-group calculated the cost savings to the health care provider by implementing this, and what they will be able to pay the workers?

Answer: Adien Igoni – The sub-group does not have specific figures at this time but that is important information to have.

Clarification: Rep. Chuck Wichgers - Audits do not necessarily result in a fine, but is instead recoupment of what could be considered fraud. That needs more discussion. Providers are providing new types of care that weren't available when the current manuals were drafted. DHS hasn't caught up with some of the new policies, techniques and niche providers. Fines for clerical inaccuracies should receive better support from DHS so they don't have to fight recoupments in court.

Poll Results: Move forward for further development

Yes: 23

No: 0

4. ADRC Reinvestment – Presented by Lisa Pugh

Support reinvestment in Aging and Disability Resource Centers (ADRCs) to provide funding sufficient for them to provide the services they are currently responsible to provide.

- ADRC services are available to older adults and people with disabilities in Wisconsin as well as families, friends, caregivers, and others who work with or care about older people or people with disabilities. ADRC services are available regardless of income and regardless of a person's eligibility for publicly funded long-term care. ADRCs serve every county and tribe in Wisconsin.
- An ADRC is a one-stop source for objective, reliable information about a broad range of programs and services available to older adults and people with disabilities. ADRCs help people facing changing needs and abilities to weigh options and make choices.

ADRCs connect people with services and supports that allow them to maintain self-sufficiency and conserve personal resources.

- According to a report published in 2016, help staying in the home is the main issue of concern for one in four ADRC customers (24.6%). Financial assistance (19.8%), insurance issues (18.3%) and enrollment in long-term care programs (13.3%) were concerns for many other customers.
- The current state appropriation for ADRC funding was set over ten years ago and there is a need to adjust or update this in order to account for population growth and a resultant increase in demand for ADRC services as well as cost of living increases.
- In the most recent ADRC Customer Satisfaction report published in 2015, a majority of customers first heard of the ADRC through word of mouth and came to the ADRC with a pressing concern or emergency. The report concludes that expanded marketing efforts through individual ADRCs may continue to increase awareness and help convince residents to come for help sooner.

Work with the DHS to identify the specific ADRC investment needs, taking into account recommendations being developed from DHS and stakeholders regarding what it would take to fund services that ADRCs are responsible for providing to their customers.

Question: Sen. Kathy Bernier - What is the amount of current state funding for ADRCs if we are proposing \$27 million more? This proposal should be a separate discussion from caregiving. It misses the point of providing caregiver support to families. Just because ADRCs haven't had an increase in 10 years isn't a good rationale.

Answer: Carrie Molke – ADRCs currently receive \$42 million per year in state funding, and counties contribute some funding, as does the federal government through Medicaid-reimbursable services.

Question: Stephanie Birmingham – Independent Living Centers also provide preventative services to keep individuals living at home. Perhaps the Task Force should consider if Independent Living Centers should also be included along with ADRC reinvestments because ILCs also have not received funding increases. If we're going to support one potential network, I would ask that we support other networks that support similar things.

Answer: Lisa Pugh and Todd Costello – Today the Task Force is only considering the recommendation as it is written. A request for funding for ILCs would require drafting a new and separate proposal for the Task Force to consider.

Comment: Helen Marks Dicks – The \$3.6 million proposed for caregiver supports are within the umbrella of the Task Force, however some parts of the proposal that fund ADRCs appear to be recommendations that should go through the regular state budget process.

Question: Laverne Jaros - Has any consideration been given to the need to follow-up on findings from a survey which revealed that caregivers wanted more follow-up after initial contact? Also, will there be consideration of expanding the role of ADRCs to serve caregivers of children?

Question: Sen. Patty Schachtner – Does this also look at the increase in the number of people who are going to be needing the ADRC in years ahead? The number of older adults is growing. If we aren't building capacity, we are going to have big problems later.

Comment: Rep. Deb Kolste - This is a proposal worth looking at, but it is the Legislature's responsibility to look at ADRC reinvestment and its value.

Comment: Jane Mahoney – Likes the 0.5 caregiver support positions for ADRCs. Nearly half of people who come into ADRCs may be caregivers, but she's not sure that ADRCs have the ability to focus on caregivers as well as the person who is in need of care. More attention needs to be paid to the caregivers' health, and money should go toward caregivers.

Comment: Sue Rosa – Sees two parts to this: 1) An ADRC expansion and; 2) Serving caregivers. Our role should be to serve caregivers more.

Comment: Elsa Diaz-Bautista – Cannot vote for the proposal as it was presented.

Poll Results: Move forward for further development

Yes: 19

No: 7

5. **Rates: Direct Care Worker Fund** – *Presented by Ted Behncke*

Propose that annual increases be provided to the existing Direct Care Workforce Funding program to ensure dollars are allocated directly to the long-term care providers for caregiver wages and benefits. Further, direct and support DHS' efforts to secure CMS approval allowing total Direct Care Workforce Funding to be allocated via annual payments.

- Provide immediate assistance to directly support the caregiver workforce until such time that a Family Care rate band is implemented (estimate January 1, 2022)
- This recommendation does not negate the mandate that the Family Care MCO capitation rate must be actuarially sound, taking into account, at a minimum, member acuity, client mix and the cost of care and services

Question: Jane Bushnell - Are you looking at this to be a permanent piece of legislation that would not have to be taken up every year?

Answer: Ted Behncke - If the rate setting gets done right and is fixed, we wouldn't need this going forward. The Legislature has been very supportive in the past, and when payments went directly to the provider it worked great.

Comment: Jane Bushnell - This has been an amazing Fund that allows us to give hazard pay during the COVID-19 pandemic and has put money directly into the hands of the provider.

Poll Results: Move forward for further development

Yes: 25

No: 0

6. **Benefits: Medicaid Expansion** – *Presented by Anne Rabin*

Realize full Medicaid expansion under the Affordable Care Act to capture the enhanced Federal Medical Assistance Percentage (FMAP) to cover “newly eligible adults” with incomes up to 133% of the poverty rate. In 2020 the enhanced FMAP was 90% while the current FMAP in Wisconsin is approximately 59%. Newly eligible adults (non-disabled adults aged 19-64) are defined as those who were not covered by the state at the time of the passage of the ACA.

Question: Mike Pochowski - We're hearing from the Legislature that this proposal will not go forward. Do we want to proceed with this even if it has no chance of passing?

Answers: Anne Rabin - The corona virus has changed this issue with so many people being unemployed and needing insurance.

Jane Bushnell - My job isn't to anticipate what someone else is going to do but to recommend what is best for the caregiving workforce and family caregivers. What they need most is adequate compensation and benefits. This is the only proposal that addresses benefits for working caregivers.

Elsa Diaz-Bautista - We are not here to recommend based on what legislators are going to do. Don't forget about the power of our citizens and the voice of people. No matter how some legislators feel about a certain issue, we should go ahead and put it forth.

Rep. Deb Kolste - Legislators should not be making their minds up before the vote. Not all legislators are against it. It's not a reason not to move the recommendation forward.

Question: Sen. Kathy Bernier - The single mother who is a caregiver on BadgerCare worries about losing public benefits if she earns more. Has anyone looked at this proposal as a graduated scale? Do these workers know how to get on ACA and get the subsidies?

Answer: Jane Bushnell – There is a PHI study shows that the average wage of CNAs and home workers is \$12/hr. In her provider agency, 95% of workers didn't make over \$12/hr. and therefore would fall within the 133% of federal poverty level.

Lisa Pugh - Many workers are currently limiting their hours to stay under the 100% poverty level so they are able to keep their health insurance. This proposal allows those people to work more hours and contribute to the workforce. These are people we already know want to be care workers, and this helps them be able to work more hours.

Question: John Sauer - Is there any statement on the \$325 million savings and how it might be used for health care or LTC?

Answer: Anne Rabin – We could look at how anticipated savings could be spent, but the sub-group has not considered that yet.

Lisa Pugh - That could be a consideration under revisions done to the proposal.

Helen Marks Dicks - We would strengthen this proposal by pointing out that this helps the paid workforce but also allows family caregivers who reduce their hours at work to have more coverage. We should show how it affects the paid and unpaid care force, and with money saved we could fund some of the other proposals that the Task Force is putting forward.

Poll Results: Move forward for further development

Yes: 23

No: 2

7. Benefits: Earnings Disregard – Presented by Jane Bushnell

Direct Support Professionals (DSP's) are vital to the health and well-being of seniors and people with disabilities. DSP's face many challenges such as low wages and lack of benefits. While they are caring for others, many times DSP's do not receive benefits to cover their own basic needs. Lack of benefits cause a workforce shortage and high caregiver turnover. In addition, people needing care and provider agencies are faced with recruitment challenges.

An earnings disregard would allow the DSP to work, gain income, and disregard a portion of this income when determining eligibility for BadgerCare benefits or the childcare subsidy. Components of an income disregard would include:

- Allow the DSP the ability to disregard a specified amount of earnings when applying for BadgerCare benefits
- Allow DSP the ability to disregard a specified amount of earnings when applying for Wisconsin Shares childcare subsidy program

Question: John Sauer - Is there a way to think analytically about what has the bigger bang for the buck? Is it better to do it this way, or to put funding into rates that go directly to the caregiver so the state can receive federal funding for that?

Answer: Jane Bushnell - Suspects that drawing down the federal match will provide more funding, but then the Task Force would not be addressing the benefits issue that are part of the Task Force's charge.

Comment: Anne Rabin - From the caregiver perspective, the top things important to them are health insurance and child care.

Comment: Helen Marks Dicks – It is very difficult to single out one profession for disregards. Supports moving forward with the proposal but suggests it be amended to be a general disregard for all people earning under a certain wage so that it applies not only to paid professional caregivers but also to family caregivers who are employed.

Question: Laverne Jaros - Have other states done this?

Answer: Helen Marks Dicks – There are many kinds of disregards for many types of programs across the country. She does not know if other states have applied a disregard to general BadgerCare-type Medicaid programs.

Comment: Jane Bushnell – An example of a similar disregard is for U.S. census workers able to disregard income.

Poll Results: Move forward for further development

Yes: 25

No: 0

V. **Registry Status Update** - Presented by Lisa Schneider

View [A Vision for a Wisconsin Registry](#). (PDF)

The ad hoc workgroup is developing a caregiver registry is still in the discovery phase. The group has done research on existing matching-service registries across the country and has developed a Request for Information (RFI) to collect information on the scope of services that exist. Workgroup members are beginning to evaluate RFI responses that were submitted.

The DHS has had conversations with Advancing States, a national organization developing a registry as a result of the COVID-19 pandemic, named ConnectToCareJobs.com.

(<https://www.connecttocarejobs.com/>) This registry is a job board connecting people who are workers to agencies or self-directed employers. There would be at no cost to the State of Wisconsin, caregivers or providers to use ConnectToCareJobs.com. It is currently being piloted in Colorado and some other states. Anyone looking for a job can create a profile.

The ad hoc workgroup will continue meeting to discuss options further.

Question: Laverne Jaros - Is *ConnectToCareJobs.com* something that the state is pursuing regardless of what the Task Force recommends?

Answer: Faith Russell and Lisa Schneider – DHS is considering how Wisconsin might use it. It is a basic platform which can be customized by each state for a cost. It includes matching functions for hospitals, home care, hospice and perhaps the self-direction workforce. It was designed to be a workforce-related tool.

Question: John Sauer - Is *ConnectToCareJobs.com* for an agency to find a person they can hire, or is the idea it would be used as an “as needed” basis? How would a nursing facility would use it?

Answer: Lisa Schneider – Temp agencies would not likely be on the registry being developed. A nursing home could post jobs, and individual workers would create profiles that let nursing homes know if the person is available for hire and meets the position criteria. The registry that the Task Force wants to build is meant to meet the needs of its users, whether they want permanent jobs or short-term employment.

Question: Adien Igoni - Is the registry for providers to find workers, or for workers to find jobs? Or both?

Answer: Lisa Schneider - The original idea was to create a registry that can do both. Currently IRIS self-directed employers are not part of it, but there are plans to add them. Nothing is being recommended by the Task Force or the department from a policy standpoint yet.

Question: Anne Rabin - Currently, it is up to the person to take themselves off the registry, or change hours available as they change. COVID-19 makes it extremely dangerous for a care worker to work at multiple facilities. How can we prevent that if we move forward with this?

Answer: Lisa Schneider – The responsibility falls on both the agency hiring and the person being hired to keep registry information current. It’s for them to work out. The registry is just a connection point with no promises of anything else.

Comment: Stephanie Birmingham - Limiting the registry to agency providers would exclude a lot of people.

Answer: Lisa Schneider - This example of *ConnectToCareJobs.com* is just one of many options available.

Question: Sen. Kathy Bernier - Don’t MCOs and ARDCs provide a list of care providers?

Answer: Carrie Molke - MCOs have provider networks, but they do not necessarily match private care workers to private clients. ADRCs do provide information about agencies that can be privately hired. However, it is then up to family caregivers or the individual in need of care to interview and hire a care worker.

Lisa Pugh – The Governor’s executive order charges the Task Force with building a registry that serves everyone. *ConnectToCare* focuses on agencies. This can be a problem

in rural areas that don't have a network of care agencies. Our goal is to build a registry that serves everyone with the same type of algorithm used by *ConnectToCare*. Wisconsin will need to publicize the registry so that it is used.

Comment: Elsa Diaz-Bautista - We have a lot of consumers who want to look at what is privately available. It is not a complete service to consumers or care workers if a registry is only available to agencies.

Question: Lisa Pugh - How far can the Task Force develop the registry recommendation before the next Task Force meeting?

Answer: Lisa Schneider – It is hard to say. More information is needed.

Note: *Bill Crowley, Stephanie and Jason asked to be included in future meetings of the registry sub-group.*

VI. PLANS FOR PUBLIC OUTREACH

Helen Marks Dicks – Suggested that there be an option for citizens to submit a form/comments that is longer than the online survey being developed or the five minutes which will be allowable for speaking during a day-long Zoom webinar. Providing a form for submitting comments may decrease the number of people who will want to speak during the webinar, and it provides an option for those who don't like public speaking. It also allows people living in areas with technology/ broad band limitations to provide input.

Lisa Pugh – It is important to hear from caregivers. We know that they are harder to reach than an association, industry or group of providers that is interested in these issues. We need to make sure that public input is balanced.

Helen Marks Dicks – AARP has a robust communications system that can reach a lot of potential caregivers who might not receive notice otherwise.

Laverne Jaros – Suggested reaching caregivers through ADRCs, caregiver support groups and dementia care groups.

Delores Sallis: Stressed the importance of hearing from black and brown caregivers, especially when considering how current proposals address health equality.

Elsa Diaz-Bautista: It important to solicit non-white perspectives on caregiving during the public comment period.

VII. NEXT STEPS

1. Refine draft proposals for a final vote
 - a. Include a section or statement addressing health equity
 - b. Add details needed to reach as near to consensus as possible
 - c. Explain how one proposal is connected to another, when applicable
2. Revise the timeline for public input
3. Distribute public input survey
4. Solicit DHS staff feedback on updated proposals

VIII. PUBLIC COMMENTS - None

IX. ADJOURNED at 3:00 p.m.

Prepared by: Lynn Gall, DHS Office on Aging on 6/18/2020.

These minutes are in draft form. They will be presented for approval by the governmental body on: 9/2020

