

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; Mike Pochowski; Margie Steinhoff; Lisa Pugh; Sen. Schachtner State Staff: Andrew Evenson (DWD), Lynn Gall (DHS), Faith Russell (DHS), Allie Boldt (DHS) Public members: Carrie Gartzke, Erin Fabrizio, Sarah Barry
Date: 4/2/2020	Time Started: 1:00 pm Time Ended: 2:00pm	
Location: Zoom: Meeting ID, 849 433 974		Presiding Officer: Lisa Pugh and Todd Costello

Minutes

GOVERNOR'S TASK FORCE ON CAREGIVING

Direct Care Workforce Workgroup

April 2, 2020

I. THE MEETING WAS CALLED TO ORDER AT 1:00 p.m.

II. APPROVAL OF MINUTES FROM 3/19/20

Stephanie Birmingham moved to approve the draft minutes; LaVerne Jaros seconded. With no votes in opposition, the 3/19/20 workgroup meeting minutes were approved.

III. WELCOME/OVERVIEW

Todd Costello provided an overview of meeting items:

- Review and approve minutes from previous meeting
- Reconsider and reframe Phase I policy priorities in light of COVID-19
- Discuss next steps
- Public Comments

IV. DISCUSSION: PHASE ONE POLICY PRIORITIES

Todd Costello asked the workgroup to review preliminary recommendations and reconsider priorities in light of competing resources and needs, asking, what do members see as being the most impactful in light of the COVID19 crisis? Funding and resources will likely be limited coming out of this crisis. Todd encouraged the workgroup to look at interim/temporary measures that could be recommended (e.g., equipment and use of equipment), and how COVID19 relief could be leveraged, while also thinking about long-term solutions. If interim measures are implemented, this workgroup might also think about how to ensure these carry over into the future. Members provided the following comments.

- Mo Thao-Lee: Suggests the workgroup's recommendations around regulations/compliance are biggest issues currently. With this crisis, PCW agencies have not received clear direction re:

how to continue to provide care, including under the various sets of rules that must be complied with (e.g., DHS, OIG, MCOs). Agencies are swamped and worry about what to comply with. Additional clarification helpful.

- Jason Endres: Recommends focusing on: (1) Employee benefits and (2) Rate increases.
- Bill Crowley: Seconds Jason's comment, and especially regarding benefits—many people in this workforce do NOT have benefits right now, and it's impacting them more than ever.
- Lisa Pugh: Directs members to refer to an email from DHS that was forwarded to members (see attachment). The email was sent in response to the Co-chairs' letter sent last week compiling member suggestions/comments. Per the communication, some restrictions will be loosened in the crisis, including restrictions related to auditing and face-to-face requirements for supervision. Lisa believes there is there is a possibility that CBRFs will be able to hire 16 year olds during the crisis without applying for a waiver.
 - If possible, would be helpful to have some assessment before next meeting – what is being loosened w/respect to this workgroup's issues?
 - Re: CBRF hiring: could this information be tracked and used on the other side of the crisis, to show how it worked and why it should be made permanent?
- John Sauer:
 - Suggests the group should reconsider CNA training requirements, and reflects on not decreasing that requirement to 75 hours. Currently there are difficulties to hire nursing assistants from MN who now live in WI, as they would have to go through testing again. Would like to look at loosening barriers to getting people started and to keep looking at how to afford credit for hours worked.
 - Suggests looking at FMAP increases and any state insights re: how to use, and also keeping an eye on the moneys that might be available if 1135 Waivers are approved and how dollars might be allocated in Family Care. Will it be possible to bypass MCOs and get more dollars targeted? Will additional money for Family Care fund infrastructure, or will it go to providers/caregivers?
 - Also notes, when DMS staff were here last time discussing rates, they agreed there is room to direct more money to caregivers. Wants to continue to look at how to target money.
 - Hopes the Task Force looks at some permanent funding for nursing homes based on actual cost of care. Nursing homes are not on stable footing for addressing the workforce crisis and are losing staff due to a fear factor that is real.
 - Finally, supports anything that anyone can do to get PPE out. Has heard that priorities for PPE are hospitals and secondarily places that have COVID19, and that Assisted Living Facilities are not really on the distribution list. This will be a cross-cutting problem that many are facing.
- Jane Bushnell: Agrees with need to look at rates and ensure that if additional moneys are going out, they are finding their way to the caregivers. For example, one MCO is giving additional moneys for residential homes and now the provider is trying to pass that on to the workers. Agrees that anything to direct money to the front line and to the workers is helpful now. References that Governor Evers proposing a second package of funding, allotting so much for MCOs, so much for caregivers, etc.
- Adien Igoni: Supports what Jane and John touched on: increased funding going to caregivers and entities directly on the ground responding to the crisis. As a personal care agency, have been having to implement dynamic solutions. For instance, asked an employee to sew the

needed amount of face masks for caregivers. There is an incredible amount of strain and people are working over-time responding to this. Rate increases would allow agencies to have more cushion to respond to the new demands and burdens they're facing.

- Also emphasizes Mo's point. Providers are having to respond to an ever-changing environment, and there's a big fear that OIG or DQA will later scrutinize these best efforts. That retroactive perspective needs to be lenient.
- Mike Pochowski: Regarding getting reimbursements directly to providers, DCF found extra money and is giving it directly to providers—may be due to the specific program funding. A lesson is not to fund our programs down to the bare penny. There should be emergency funding built in that can go directly to providers (vs. having to go to legislature to ask for the money). Also notes that with respect to CBRFs, DHS has been lenient in providing those waivers; agrees with approach of tracking that information while it is being used as a temporary measure.
- LaVerne Jaros: In the untapped worker committee, the initial recommendation for a long-range marketing campaign could evolve to something more short term, highlighting the importance of direct care workers in this moment. Wonders, would this be helpful to providers? And if so, where would that campaign direct people?
- Todd Costello: Something that has not yet been touched on is statewide training. For CLA, there is concern about having an adequate workforce and the ability to rapidly onboard individuals. In this industry, there is not a deep bench and looking at next 3-4 weeks (but also the potential for some of these changes to be lasting), what can be done to expedite training and make more available online? What other aspects could reduce the onboarding process, while still making sure caregivers are well-trained in standard precautions and other key areas?
- Beth Swedeen: Agrees re: asking for funding for some online training. Also agrees expediting is important, but that it is also very important to make sure caregivers are ready for the work. Recommends prioritizing premium pay right now, and getting PPE to workers—which will be increasingly important.
 - Todd: Regarding PPE, understands the current systems approach due to the stretch on hospitals. At the same time, people are seeing the role of community-based workers and other providers is to keep people out of hospitals and thus provide relief along the chain of the larger system—these workers also need PPE. Would like clear, consistent criteria on PPE (including using reusable PPE) so that providers are working on the same understanding and using PPE in the best way possible to keep people safe. Also echoes point about hazard pay and need for overtime.
- Lisa Pugh: This workgroup seems to be on same page re importance of directing money to workers, and hazard pay is one way to do that in the first step/short term. DHS letter indicates hazard pay is being explored—how much federal flexibility can be expected? How much money can be expected? Would it go to community-based workers? In the MCO context, how does it get to the workers? Suggests this could lead to a longer-term conversation re: how people deserved to be paid more.
- Stephanie Birmingham: Asks, for those who are agencies— is there consistency re: how agencies and providers are educating the caregivers going out, beyond CDC guidelines? For instance, if they don't have access to PPE?
 - Todd Costello: Notes there are some good websites and weekly webinars targeting different provider groups addressing some of these questions.

- Adien Igoni: Explains they are following CDC and DHS guidelines quite closely, and making sure caregivers have direct access to this information as well. Right now a big problem in communities is misinformation. Have also made clear to clients that when caregivers come to their homes, should try their best to ensure the environment where they'll be interacting w/clients have as few people as possible. For some things, it boils down to resources—for instance, with gloves, the standard practice is not to use gloves for everything, and they do not have indefinite supply; same with hand sanitizer. So have been focusing a lot on handwashing.

V. DISCUSSION: NEXT STEPS

Todd Costello asked for any additional input from members regarding the best use of future meetings and how the workgroup should proceed—for instance, does the group need to change course given the COVID19 crisis and the opportunities it presents? The co-chairs had been encouraging workgroups to proceed-- is that still realistic? Members provided the following additional comments.

- Ted Behncke: Believes workgroup should focus on issues that were present before COVID19. The industry is at the very beginning of what's going to be a fruitful period with regards to hiring new caregivers coming out of other industries – even if they're temporary, could be brought into and exposed to a job they wouldn't have anticipated. The industry is more likely to keep these workers on if we have the kinds of pay and benefits to support their home. So offers a bit of caution from steering away from the bread and butter of what Task Force called together to do.
- Lisa Pugh: Notes we will not know what the economy or state revenues would look like post-COVID19, but that recommendations with big price tags are going to need to be revised/revisited in some way.
- Beth Swedeen: Agrees with Lisa's point regarding need to prioritize. Not sure who would have the bandwidth to do this, but it would be helpful to see a cross-walk between the Cares package and what is expected in the recovery package that would be considered later in April – will there be any gaps in funding streams?
- Todd Costello: Notes that thus far, has heard from the workgroup about the importance of harnessing our energy around ensuring adequate rates, ensuring businesses are able to stay afloat, ensuring our community is safe (including through training AND PPE) and also ensuring we have enough workers to meet the needs of this crisis.
- LaVerne Jaros: Agrees workgroup needs to focus on the right now and identify its priorities during this period, but also agrees with Ted-- does not want to abandon the long-term mission of this Task Force or assume recommendations will have no validity because there will not be any money.
- Stephanie Birmingham: Understands there was a 'deadline' for having 'Stage I' recommendations – if DHS were to go back to the Governor's Office, could this be pushed back, recognizing the voices we need around the table are the ones in the weeds of all this?
 - Faith Russell: Co-chairs and staff will be meeting to discuss. The timeline came from the co-chairs and staff planning, which was aimed to make an impact on the next big decision point: deliberations for biennial budget. Agency requests are due to the Governor in mid-September. The initial aim was for Task Force recommendations to be

on the same timeframe so they could be included as the Governor is developing his budget. Unclear whether the overall budget timeline might be under discussion.

- Anne Rabin: Believes Task Force is being given an opportunity here as Lisa and Beth have said to try different temporary measures, see how they are working and how they help advance our mission, and then if it is working, put in place as a permanent recommendation. Agrees group should be considering pulling back a little bit from prior direction and use the immediate opportunity at hand.
- Lisa Pugh: Offers a couple big thoughts relating to benefits subgroup, which some have identified as a priority.
 - Suggests now could be the time to go back and look at MA expansion as possibly having more traction, because states that expanded MA are in a much better place right now. Their workforce is better able to access healthcare than in WI.
 - Regarding an income disregard, someone at DHS indicated this would be more of a patchwork reform.
- Lisa Pugh: Also adds there might be additional pressure to lessen CNA training requirements, which is something where there are different perspectives on.
- Sen. Schachtner: Offers that the pressure for paid and unpaid workforce is continuing to increase, and encourages the Task Force to look and listen to those doing the work, regarding what are the system changes that need to be made that are going to be helpful and impactful first.
- Todd Costello: Co-chairs will be meeting to discuss timeline and providing sub-groups with additional guidance.

VI. PUBLIC COMMENTS

Carrie Gartke emphasized the need for a portable and accessible workforce, and the hope that the workgroup will also continue to work through the criminal background checks issue. Encouraged workgroup to think about it as the worker having ownership over their background check vs. the employer having ownership over it.

MEETING ADJOURNED AT 2pm.

Prepared by: ALLIE BOLDT, DHS OFFICE OF POLICY INITIATIVES AND BUDGET on 4/6/2020.

These minutes are in draft form. They will be presented for approval by the governmental body on: 4/16/2020