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, Sen. Patty Schachtner, Margie Steinhoff, Beth Swedeen, Mo Thao-Lee Phone Participants: Jason Endres, Delores Sallis State Staff: Faith Russell, DHS, Lynn Gall, DHS, Daniel DeValve, DHS; Allie Boldt, DHS; Andrew Evenson, DWD
Date: 1/14/2020	Time Started: 1:00 pm	Time Ended: 4:00 pm	
Location: Community Living Alliance, 1414 Mac Arthur Rd, Madison, WI 53714			Presiding Officer: Lisa Pugh and Todd Costello

Minutes

Reviewed minutes from last meeting. No corrections requested.

OVERVIEW OF SMALL GROUP DISCUSSIONS.

Framing for exercise: Small groups should operate by consensus today. Ultimately ideas will need to have buy-in from super-majority of Task Force.

Instructions for exercise:

- Discuss the proposed policy ideas.
  - Members should refer to their Prep Worksheets and any notes on their initial priorities, comments, and questions.
- By consensus, select 1 to 3 policy items to recommend advancing for the full Task Force's consideration.
  - If a topic is not selected today, this does not mean it will have no chance of being raised again.
- Report out on the 1-3 policy items selected by preparing no more than **3** PowerPoint slides.
  - Staff are available for note-taking.
  - Each group should decide who will do the report-out to the workgroup, and to the full Task Force on January 30, 2020.
- Subgroups can also be prepared to highlight any other discussion points or outstanding questions/concerns for the full workgroup's consideration.

SMALL GROUP REPORT-OUTS: Small groups presented slides re: policy Items recommended to advance for full Task Force's consideration.

A. Benefits

Presentation:

Income Disregards & Medicaid Expansion

- A1. Income disregard for direct care workers. Options might include:
  - State benefit programs
  - Health insurance exchange
  - State income taxes

- Alternative: If an income disregard options is not supported, then consider other possible approaches to increasing state benefits (e.g. benefit phase out schedules, higher income eligibility, sliding scale co-pays). Would such approaches be more effective in increasing direct care worker wages and benefits?

Medicaid Expansion

- A2. *Medicaid Expansion per Federal Law*

IRIS and MCO Rate Increases to Include Focus on Wages & Benefits

- A3. Redesign IRIS and MCO rates to include a focus on wages and benefits
  - Enhanced rate for providers who offer credible health insurance
  - Designate a percentage or amount of rate increases to MCOs and IRIS that must be used for wages and benefit increases
  - Create a methodology, including changing state contracts if needed, to ensure that state reimbursements for MCOs and IRIS include pass through to workers for wages and/or benefits
- Consideration of other Approaches by the Subgroup (e.g. sick leave, flex time, paid time off, holiday pay):
  - The subgroup focused on the items that would be the most impactful
  - The subgroup wants to ensure that benefits would apply to direct care workers across the board.

Discussion/questions/comments from Workgroup:

- Issue of key import was addressing the benefits cliff – increase/maintain worker eligibility for public assistance programs and health insurance plans from the ACA exchange (possibly with a subsidy)
  - Income disregard as one way to do this.
- Questions:
  - What are some other possible approaches to addressing the benefits cliff?
    - Brief answer: phase-out schedules (so less of a "cliff"); raising income eligibility, sliding scale copay
    - Consider conducting additional research regarding phase-outs/benefit "slopes"; deeper dive re: costs/financial implications for different alternatives
  - Is there another state that has done a pilot for exemptions for people in the direct care workforce to address the benefits cliff issue?
    - Brief answer: WI Shares program has made attempts to mitigate the cliff. Similar attempts elsewhere. Research was reviewed in assignments submitted for this meeting.
  - Any examples from other states re: successfully increasing health insurance for direct care workers?
    - Yes—through MA expansions.
      - Could consider whether Task Force's support of MA expansion could be useful
  - Any examples around using worker coops?
    - One member spoke to owner of M3 Insurance here in WI, which was exploring possible legislative initiatives around group purchasing.
  - Was paid leave something considered by this group?
    - Yes—but research/evidence suggests that health insurance is by far the most important issue to workers.
- Other Comments:
  - Concern expressed re: palatability of income disregard and perceptions re: expanding public assistance benefits/programs.

- Task Force need not limit itself to recommendations with a low price tag.
- For the proposal re: enhanced rates where health ins. is provided, some standard will need to be set for what qualifies as "affordable"
  - Some standards/filters around affordability are already in use.
  - Consider looking for further evidence coming out of Montana re: data/evidence re: increased numbers of insured individuals.

B. Regulation and Compliance

Presentation:

B1. *Regulatory Compliance Oversight Agency*

- Compliance Oversight:
  - Regulatory compliance should be better coordinated or overseen by only one agency (WI OIG or WI DQA)
    - Clear guidelines on what constitutes fraud, waste and abuse
    - Streamlined regulatory body will allow for clarity to providers to reduce uncertainty.
  - Providers will be able to plan for the future
  - Significant cost savings from reduced operational cost leading to:
    - Paying caregivers more
    - Training caregivers better
  - Priority is to reduce caregiver agency need for self-auditing, threat of recoupment, and clarify guidelines on fraud, waste and abuse
- Outstanding questions/concerns:
  - How do we coordinate the roles of DQA and OIG?
  - What are the next steps? Direct DHS/DQA to update the state statutes to better align with OIG?

Community-based Residential Facilities Hiring

- **B2. CBRF Hiring Age:**
  - Change statute to allow hiring of 16 years or older instead of 18 or older
    - Simpler to find employees, generate more interest in the profession
    - On the job training for youth as caregivers themselves
    - Could apply to other industries as well
  - DHS does allow a waiver, but it's restricted and limited to apprenticeships and internships
- Outstanding questions/concerns:
  - Oversight of younger caregivers (liabilities?)
  - Could this apply to other parts of the caregiving network (nursing homes, children's LTC, etc.)?

Discussion/questions/comments from Workgroup:

- Background comments re: streamlined regulatory body with simplified, singular guidelines. Currently:
  - Regulation and compliance authority from two different bodies – Division of Quality Assurance (DQA) and Wisconsin Office of the Inspector General (OIG). Both entities can impose penalties/recoupments, sometimes for clerical errors. This overlapping regulation and compliance authority causes confusion and uncertainty for providers; Example: it appears that unskilled agencies being audited are being held to same standards as a skilled agency.

Comments:

- Re proposed change in hiring age - No surrounding states have limitations around age 16+ hires.

Remaining questions:

- What are possible alternatives to combining 2 agencies—e.g.,
  - Charging DHS/DQA to better align state standards with federal law/administrative code followed by OIG?
  - Requesting a review/investigation into possible overreach by OIG?
    - Brief response: could be challenge to look into overreach writ large; would likely need to choose 1-2 discreet issues to review.
  - Mitigating the magnitude of fines or the strictness of standards?
    - Comment: recoupment of federal funds by OIG would still be a concern.
- Where do fines collected by OIG audits go?
  - Brief answer: public schools
- Re: CBRF Hiring change, could we also include similar proposals for the CLTS waiver and Personal Care contexts?
  - Further exploration could flesh out whether this suggestion could be expanded/apply to other programs

D. Rate Increases

Presentation:

Rate Increases

- D1. Develop Payment Standards for nursing homes based on actual costs of care.
  - MN payment system as a model (expanded definition of "direct care"; cost-based).
  - Address labor regions.
- D2. Ensure rates-- Family Care Capitation, IRIS, CLTS– reflect workforce costs and market indicators.
  - Within MCO capitation rates, explicitly identify amounts for provider rate increases– indexed annually (CPI).
  - MCOs report back to DHS re: increases by provider type.
- D3. Promote accountability, transparency by requiring Workforce Impact Statements in the budgeting process.

Discussion/questions/comments from Workgroup:

- Background comments:
  - Nursing Home Proposal (#1)
    - Currently, we do not set nursing home rates based on costs or any system/methodology. Instead, rates are set by working backwards from the budget.
    - In 2019, 18 nursing home facilities closed.
    - Recommended MN model is to develop a payment standard
      - Cost-based.
      - Based on the median cost + 5%
        - Median cost is calculated from high-cost/metro counties; same standard applies statewide.

        - Would address issue of labor regions in WI
    - Rates tied to workforce costs and market indicators (#2)
        - Idea is to explicitly ensure a pass-through for provider rate increases (example: 3%). Currently, the uncertainty leads to payments in the form of bonuses but not enhanced base wages. In fact, MCOs looking to cut rates (though state reports 1% budget increase will be available).
        - The increase would be indexed to CPI.
    - Workforce impact statement (#3)
        - Any budgets impacting MA and Family Care (e.g., introduced by Governor or Joint Finance) must include a statement (e.g., from DMS) which estimates how the proposal would impact the workforce. If workforce development is assumed or intended, this is transparent.
- Questions/comments from group:
    - Re: proposal to tie rates to workforce costs/market indicators, indexed to inflation:
        - Group proposed adding IRIS/Self-Direction and CLTS (originally only addressed family care capitation rates).
            - Could address issues re: paid ceilings vs. flexibility in setting rates (current rules already address original concern re: family members collecting higher rates)
            - Comment: IRIS may build in administrative costs.
        - Connection with the Direct Care Workforce workaround fund—could this be used as part of investment to avoid perception of "double dipping"?
            - Brief answer: Not necessarily; could keep investment as a helpful supplement. Some information to suggest there may be push-back from CMS due to managed care rules.

E. Untapped Workers

Presentation:

Untapped Workers

- E1. DWD prioritize a career path for direct care workers, including continuing and expansion of the WisCaregiver Career Program, dedicated units within job centers that focus on recruiting untapped workers from:
    - High schools
    - Retirees or near retirees
    - IRIS participants\people with disabilities
    - Guest visas
- E2. Encourage WI Congressional delegation to support immigration policy reform (Details to be determined)
- E3. Media campaign improving image and explaining need/value of LTC workers, with a hotline for information about jobs/careers/ volunteer opportunities.
- E4. Replicate models in other states where MCOs are contractually required to create employment opportunities for people on Medicaid.
- E5. Examine current background check policies keeping people from being eligible for employment.

Discussion/questions/comments from Workgroup:

- Question Re: immigration policy reform: if incorporating language from Leading Age report, can we expand to include individuals beyond older adults?
    - Brief answer: Yes.
- Question/Comment Re: proposed Media campaign to promote jobs/careers/volunteer opportunities: there is a separate proposal for a comprehensive awareness campaign from the Family Caregiving workgroup. Consider, are there ways to integrate/coincide?

- Comments re: proposal to examine current background check policies:
    - Special concern in the IRIS context; IRIS advisory committee recommendations may be useful here. Could we flesh out this proposal more?

F. Statewide Training

Presentation:

F1. Adopt a Statewide Standard for Training for DSPs

- DHS Sets Basic Training Standard, Identify Content of Training, Qualified Trainer (Tier 1)
    - Applies to MAPC, CBRF, Group Home, etc.
    - Non-Nurse Delegated Tasks: Bathing, Dressing
    - Nurse Delegated Tasks: Blood Pressure Monitoring, Glucose Testing, etc. (Nurse Training/Sign Off)
    - Skill Verification, No Mandated Hours Set, State Issued Certificate
- Additional Specific Trainings Per Profession (Tier 2)
    - CNA Certification
    - Paid a Higher Rate for Employing Tier 2 Staff
- Supervisor Training (Tier 3)
- Align With Current Training Provider Standards for CNA, DHS Oversight
- Training Available Electronically
- Training Verification or Competency Exam
- Provides a Career Ladder, Uniform for Industry, While Increasing Quality of Care

F2. Work Experience for CNA Certification

- PCW Test Out of CNA Requirements
- Tier 1 Training Under New Standardized Training will Count Toward Training that Relates to CNA Certification

F3. State Funded Training

- Grants from DWD to Fund Training (WI Fast Forward, YA, Apprenticeship)
- Fund Training for Community Based Personal Care Workers Similar to the Wisconsin Caregiver Career program
- State Medicaid Dollars are Not Allowed to be Spent on Training?
- Find Alternative Funding Methods

Discussion/questions/comments from Workgroup:

- Background comments: DHS setting basic training standards would allow all employers to train employees the same. Training should be provided by someone qualified (not necessarily an RN)
- Members will have additional time before next meeting to review/consider any additional questions.

NEXT STEPS

"Homework" before 1/30/20 meeting in Eau Claire: Review the minutes (and slides) from today's workgroup meetings closely. Send any follow-up questions to chairs/people in the relevant sub-group.

- At 1/30/20, presenters at this meeting will present to the Full Task Force.
- Any remaining questions?
    - How will state agencies have the opportunity to provide input?
        - Brief answer: 1/30/20 meeting could include some information-sharing from state agencies to start this process

QUORUM UPDATE

- Please review "Quorum Summary" handout. Contact Allie Boldt with any questions.
- Quorum being proposed by co-chairs for full Task Force: super-majority
    - Means super-majority to take a vote, and super-majority for a vote to pass.
- Quorum being proposed by co-chairs for workgroups: Simple majority (11 members)
    - Expectation is that most decisions in workgroups will be made by consensus in most instances.
    - Members may have small group discussions between meetings, e.g., to coordinate on research, but caution against any discussions involving 11 or more people
    - Best practice: Content of external discussions that do take place must be reported to full workgroups and full Task Force in an open meeting.

Prepared by: Lynn Gall, DHS Office on Aging on 1/16/2020.

These minutes are in draft form. They will be presented for approval by the governmental body on: 2/6/20