

## 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, Laverne Jaros, Anne Rabin, Margie Steinhoff, Beth Swedeen, Delores Sallis, Jason Endres	
Date: 2/20/2020	Time Started: 9:00 a.m.	Time Ended: 11:58 a.m.	Phone Participants: Adien Igoni, Lisa Schneider, Michael Lauer, Mo Thao-Lee State Staff: Faith Russell, DHS, Daniel DeValve, DHS; Allie Boldt, DHS; Andrew Evenson, DWD Guests:
Location: Dane County Department of Human Services, Northport Dr., Madison, WI		Presiding Officer: Lisa Pugh and Todd Costello	
<b>Minutes</b>			

### GOVERNOR'S TASK FORCE ON CAREGIVING Paid Direct Care Workforce Workgroup February 20, 2020

#### I. MEETING CALLED TO ORDER AT 9:00 A.M.

#### II. WELCOME AND OVERVIEW

Co-chairs provided an overview of meeting structure:

- Continue review of Task Force member comments and questions regarding six of the nine preliminary policy recommendations that have not yet been reviewed. The final three policy recommendations regarding rate increases and CBRF hiring age will be taken up at the March 5, 2020 meeting.
- The focus of this meeting is determining next steps for developing the various policy proposals. Will review Task Force member questions/comments and available data/evidence; identify items for next steps and clarify responsibility for such next steps; and reframe any recommendations as needed, given feedback.
- Overview of future meetings:
  - March 5 and 19, 2020: The workgroup will review the three remaining policy proposals, and state agency staff will make presentations to the workgroup.
  - April 2 and 16, 2020: Final rework of policy recommendations. May occur in small groups, and subgroups may need to research throughout March-April as needed (e.g., via email or small group meetings).
  - By May 6, 2020, subgroups should have more concrete proposals for the full workgroup to consider.
  - By the May 28, 2020, proposals should be ready for consideration by the full Task Force.

#### III. APPROVAL OF FEBRUARY 6, 2020 MEETING MINUTES

Jane Bushnell moved to approve minutes from February 6, 2020; Beth Swedeen seconded.

Motion passed unopposed.

**IV. REVIEW OF COMMENTS AND QUESTIONS REGARDING POLICY AREAS ADDRESSED BY THE TASK FORCE ON JANUARY 30, 2020.**

- A. REGULATION AND COMPLIANCE:** Regulatory compliance should be better coordinated or overseen by only one agency with clear guidelines on what constitutes fraud, waste and abuse.

Workgroup member comments and questions:

Additional data/information from OIG would be helpful, such as:

- a. How does OIG go about initiating investigations?
- b. How does OIG define fraud? How does it deal with clerical errors? How does OIG discriminate between demonstrable fraud where services are not delivered vs. clerical errors? Could speak to motivations for investigations.
- c. Ways for OIG to shift to a more consultative process to help agencies?
- d. OIG has indicated it is attempting to shift to a more proactive, educational, and supportive, and less punitive process. Members would like to see additional details about what this process looks like, and what OIG is doing to enhance relationships with providers.
- e. Within days of hearing of OIG's proposed proactive direction at the WPSA conference, one workgroup member was presented with five audit requests.
- f. Is there a strategic plan/data tracking whether the agency is moving toward its big-picture goal? Does it have specific outcome goals e.g., reduction in audits, increased quality of care under this approach? Have audits been increasing or decreasing?
- g. Any available data looking at impact of OIG audits/investigations on quality of care?
- h. Information related to the parameters used to extrapolate or determine OIG fines and fees. Could this be reconsidered in order to minimize recoupments resulting from a single error?
- i. How does OIG determine financial impact of error?
- j. Could plans of corrections be used rather than punitive audits?
- k. How many businesses have gone out of business due to audits?
- l. At a high level, what is the financial impact of these audits/investigations? Specifically, how much has been collected, and from how many agencies? *(It was noted that OIG would not necessarily have contextual information re: whether a particular fine/fee would risk shutting down the agency. DQA might have more information.)*
- m. A request was made for data on the errors/categories which are resulting in recoupments, and to what extent. What are the most common errors leading to recoupments? If OIG can come back with data that they are collecting money on legitimate errors, this would be a place to start this conversation with OIG. Would also like to hear how they are working with DQA and more specific plans for change.
- n. Some members have referenced harsh consequences resulting from 'clerical errors.' What are some examples of this? How is 'clerical error' being defined when used by agencies?

**Next steps:** Jane, Mo, and Adien will compile specific scenarios to review with OIG and will send them to Faith Russell before the March 5, 2020 meeting.

- B. UNTAPPED WORKERS:** Media campaign improving the image and explaining need/value of LTC workers, with a hotline for information about careers and volunteer opportunities.

Workgroup member comments, questions:

- a. To be more genuine/compelling, a campaign would need to be Wisconsin-specific. Would like future workers to understand what this career is and what the rewards are.
- b. Seems like two different campaigns: (1) promoting the long-term care workforce in Wisconsin, and (2) supporting family caregivers. These are different purposes.
- c. One possibility would be to offer a ready-made tool-kit, or information that communities can use in their own localities to promote caregiving careers. This could be given to agencies and ADRCs that may have relationships with media, other local champions leading to free media, PSAs, etc.. Other possibilities might be articles/testimonies in local papers.
- d. Possible examples to look at: “Make more than a living—make a difference”; UW-Parkside, “When Caring is a Career.”
- e. A campaign should include a call to action and be structured in a way to measure outcomes, such as clicks to online job applications.
- f. Question for DWD: Could a statewide job board / Job Center of Wisconsin help with this – e.g., “where did you hear about this”? Is there a history of campaigns attaching to the job board?
- g. Would it be possible to attach a media campaign to other efforts? For instance, if the Task Force recommends a career credentialing or training effort, could a media campaign be coupled with this? Dissemination could thus be tied to something tangible. It may make sense to consider this item as a “Phase II” proposal? (For instance, first submit recommendations to help improve these jobs, then promote the jobs using a robust media campaign.)
- h. The Task Force should also have a communications plan for all of its recommendations.
- i. If the job improves, it will market itself to some extent. Jobs have to fit individuals’ financial needs, and many people may not be applying because of the financial parameters they are looking for.
- j. Focus on marketing with specific metrics such as, we want to attract X number of individuals to take action, or for a campaign to result in X number of workers.
- k. As a field we need to promote and talk about the value of the work. Simply raising wages will not be enough to address the crisis. The Task Force would not need to develop the actual messaging guidance now for this to be a “Phase I” proposal. Rather, we could lay out some of the general components of a media campaign, including an estimated cost, ways of measuring impact, and dissemination plans.
- l. If the Legislature is taking up a budget sooner than later, and we do not have an estimate, this will become a Phase II or later regardless. Would need to have at least a rough estimate for this to be included in the budget.

- m. Would like more data about the amount spent on advertising and the return on investment for the WisCaregiver program.
- n. Is there a way to dig deeper on the individuals who did not remain until the WisCaregiver Career Program 6-month bonus, on why not? That would be rich information. Lisa Schneider volunteered to work with Kevin Coughlin in DMS. (Note: this is more an untapped workforce issue than a media issue).
- o. Another WisCaregiver Career Program question: For those who went through training successfully and went to nursing home and then left, could we expose those workers to other areas of caregiving?
- p. What are the most compelling pieces of the job that might make it attractive to those applying?
- q. Do we have data showing that people leave the caregiving profession because of wages? This could help show that these workers might be able to be re-captured.
- r. Encourage a media campaign to include stories of individuals that are utilizing personal care workers; many people have stories about working with personal care workers for years.
- s. What are the strategies of workforce development boards, and what information is available regarding effectiveness?
- t. PHI presentation contained data on why people leave; a prominent piece was their relationship with direct supervisors. Task Force solutions should be comprehensive. For instance, there is a trend of doing “stay” interviews rather than just “exit interviews.”
- u. There are several ongoing examples of sophisticated campaigns with videos representing caregivers and those receiving care with dignity. Examples: Community Living Connections campaign in Dane County, Open Futures Learning. Could follow-up with CLC, possibly Open Futures Learning to determine whether there has been a rise in applicants after campaign (and if so, how this information was tracked); how much was invested; what were the impacts/return on investment (ROI)?
- v. Request for any comparative data re: ROI on social media? (compared to, e.g., media buys, grassroots tools)

**Next steps:**

- A DWD expert will be available for group discussion.
- DMS staff Kevin Coughlin will be available to answer questions about the WisCaregiver Career program.
- Beth Swedeen will reach out to CLC, Open Futures Learning with questions about their recent campaign, including a request for a written summary of costs, impacts, any trends. Beth Swedeen and/or Jane Bushnell will reach out to Wood Communications as well.
- The subgroup will re-assess the timeline for this initiative. Jason Endres will join this small group.
- After the proposal is reconsidered, agency communications experts can be brought in.

**C. BENEFITS:** Income disregard for direct care workers

Workgroup member comments and questions:

- a. Jane offered to provide materials on what other states have done. Some have increased their income threshold to address the benefits cliff—including for just workers in this profession. Some states have done so across a range of specific programs, such as health care and child care, rather than implementing an income disregard across the board.
- b. Jane and Anne reported on small group conversation with Tami Jackson, an analyst with the Wisconsin Board for People with Developmental Disabilities (BPDD). Items of note:
  - i. Liked the income disregard idea; states have flexibility to do this.
  - ii. Some states have applied income disregards to all employees working under the LTC waiver program where worker's paycheck comes from Medicaid funds, this is a way to control eligibly criteria. (More equitable approach: institutional care, IRIS, Family Care)
  - iii. Another approach is MA expansion, which allow individuals earning more than 100% of FPL to remain eligible for BadgerCare. This allows people to access other supports such as training and credentialing while continuing to work toward self-sufficiency. [Additional discussion of MA expansion below.]
- c. It was noted that there is a difference between an income disregard and increasing the income threshold. An income disregard could be universal to help individuals, while the income threshold is program by program.
- d. Is there data to back up the claim that individuals will work more when the benefit cliff is addressed, e.g., that workers will take that extra shift? Is this actually the case? Won't workers work more when they are paid more?
- e. Multiple workgroup members responded that, yes, there is evidence, e.g., in the housing assistance arena; and HHS data. This could provide helpful starting point, as well as phase-out criteria. Data shows that wage/rate increases as well as benefits are primary priorities for workers. Parent who are caring for their children cannot make too much or risk losing benefits, including SNAP, SSA, Medicaid. A workgroup member has had the experience of losing people who have gotten their hours down to 29.75/week to avoid losing benefits.
- f. 30 hours of work per week are required for individuals to be benefit-eligible. Given that caregiving work is volatile and not contiguous, this can be a challenge that affects workers.
- g. What is the range of income disregards that other states have implemented? How could workers be categorized? This could help us estimate or categorize cost.
- h. How many workers will be drawn into these state health systems under an income disregard, and what will that do to increase costs of public programs? Can we cost this out?
- i. Could including this recommendation create a political risk that an income disregard would be pursued while wage increases would not?
- j. The Task Force will need to consider how to best 'message' and package its recommendations. It could, for instance, marry recommendations on an earnings disregard with recommendations on wages, then also have other buckets, such as benefits and career trajectory.

- k. Having some data on the entire workforce (not just caregivers) could be helpful, as we are competing with the overall market. It is not just wages that are getting inflated in the current 'boom' – benefits are also getting inflated. Example: A worker left to go to FedEx, which offers a 100% 401K match. One needs to track the whole compensation package to ensure that the jobs are competitive across the market.
- l. Could the Task Force provide a survey to workers and employers re: why employees are leaving their jobs? This could help elevate and support recommendations on wages and benefits, and back up other data suggesting wages and benefits are primary concerns.
- m. Suggestion to send a survey to the Society of Human Resource Managers (SHRM)?
- n. Is there a way to target only those workers who have been in the field for a long time?
- o. Could a workaround be to provide health insurance only after 3-6 months of employment? This is the case for WI state employees.

**Next steps:**

- Lisa Pugh volunteered to review information from the NCSL re: income disregard in other states and also inquire through the listserv for other state ARC directors.
- Todd volunteered to follow-up with WPSA regarding question(s) in a survey for providers
- Anne and Jane will look for information to answer members' questions (e.g. about the range of income disregards in other states and who qualifies).

**D. BENEFITS: Medicaid expansion per federal law**

Workgroup members reported back on a conversation with Tami Jackson (BPDD)

- Idea that this might help people be able to take on an extra shift without fear of losing insurance, while also drawing down federal dollars.
- Issue of political palatability - Might it be more palatable to frame the issue as 'raising the limit for BadgerCare'?
- Legislature has previously considered proposals to include certain classes/types of workers as 'employees' [or government employees] for purposes of benefits. Example: Some people working with people in IRIS program who are not otherwise considered agency employees are considered agency 'employees' for worker's comp purposes; or workers in the MA system being allowed to buy into the MA health insurance and/or the state retirement system.
- Question whether this might have an even higher price tag than expanding MA, since the state pays large share of employee health insurance costs?
- Question whether workers who already have employer health insurance would also be allowed to buy in under such a proposal?
- Question/concern re: whether such a proposal effectively advantages one group of low-income/poverty workers over another?

Workgroup member comments and questions:

- a. Some members believe the Task Force should include a recommendation to expand Medicaid (regardless of current feasibility) given the evidence of effectiveness from other states. The risk of federal MA funding going away is more theoretical. There is always some risk of funding going away.
- b. Another point in favor of the Task Force mentioning MA expansion is the savings and revenues that could be generated from drawing down the federal dollars. This could be mentioned as one possible way to pay for/invest in the solutions we need which would be readily available.
- c. Others were not opposed to including MA expansion, but somewhat reticent to do so. One person had asked DHS, how many of the 82,000 people estimated to gain coverage under MA expansion are direct care workers? The response was not concrete - estimated at around 3,200 people.
- d. Is there any data, information, or examples that can be gleaned from when the eligibility limit was lowered from 200% of the Federal Poverty Line (FPL) to 100% FPL under Governor Walker's Administration?
- e. Is there any additional data from PHI regarding the number or portion of direct care workers living below the FPL?
- f. Is there state data from provider reports on the numbers/types of workers they employ? (e.g., MCOs, FSAs, group homes must report the number of nurses, managers, caregivers, etc.)
- g. Would the number be more compelling than 3,200 if we did a wage/income data match to BadgerCare eligibility through DHS/DWD interagency data agreement? (Ellie Hartman?)
- h. Could Tami Jackson provide any additional information regarding what has happened with these proposals in the past?
- i. Are there other examples of states where people can buy into State health and retirement benefits systems?

**Next steps:**

- Beth Swedeen will ask Ellie Hartman (DWD) about using agency data to better predict the number of direct care workers that would be impacted by MA expansion.
- Jane and Anne will follow-up with Tami Jackson regarding additional alternatives and continue to work on details of this proposal.

**E. UNTAPPED WORKERS:** Encourage the Wisconsin Congressional delegation to support immigration policy reform

Workgroup member comments and questions:

- After co-chairs reviewed Task Force members' comments, it was clear that this is an issue where there is less consensus. A number of members commented that this might be outside the Task Force's scope. On the other hand, the actual 'ask' here is not to pass

immigration reform but rather to ask the WI Congressional Delegation to pass immigration reform, which is much more limited.

- If the workgroup chooses to further pursue this idea, it could be helpful to consult with someone regarding LeadingAge’s specific recommendations relating to immigration reform as a way to increase the pool of direct care workers—e.g., which specific bills? Visas earmarked for direct care workers? Conference call with LeadingAge expert with interested workgroup members?
- Even though chances of success might be slim, some asked what harm is there in including the recommendation. It raises attention to the issue that we need more workers in Wisconsin.
- Question: For the larger employers bringing in ~100 workers at a time (such as in the Wisconsin Dells), what are the parameters of this? E.g., length of visa—3 months? 2 years?
- One member stated that under that current system, there are only approximately 400,000 new legal immigrants entering the United States each year, and only a small portion of this would be care workers immigrating to Wisconsin. Strategically, given Wisconsin’s worker shortage on a number of issues, it may be simpler to look at long-term reforms to bring undocumented individuals out of the shadows and considering pathways to citizenship options. It was estimated that there are currently approximately 40 million undocumented individuals.
- Concern was expressed regarding offering only visitor visas or short-term worker visas because workers disappear after these visas expire.
- Are there any statistics from PHI regarding immigrants in the workforce? Someone thought approximately 24% of the workforce is immigrants (and continuing to increase).

**Next steps:**

- LaVerne and others in the subgroup working on this proposal will look closer at LeadingAge and PHI materials and revise the proposal before the next review by the full workgroup.

**F. UNTAPPED WORKERS:** Replicate models in other states where MCOs contractually required to create employment opportunities for people in Medicaid

- Faith Russell shared information that subgroup member Margie Steinhoff would have shared, but she unable to attend the meeting. Initially, it had been thought that there was evidence of other states successfully implementing this idea. After looking further, the evidence is not strong enough to support pursuing this idea now.
- There was consensus among workgroup members not to further pursue this recommendation at this time.

**V. FUTURE MEETINGS**



- Members were encouraged to review resources they have already received, including presentations to the Task Force. This information may help clarify ongoing questions
- Meetings March 5 and 19, 2020: Review final 3 recommendations and have agency presentations based on questions and requests from Workgroup members
  - March 5: Experts from DHS-Division of Medicaid Services (DMS) will attend to answer questions regarding rate increases and related benefits proposals. Kevin Coughlin will also provide information regarding the WisCaregiver Program.
  - March 19: Experts from DHS-Division of Quality Assurance (DQA) will attend, and possibly also from the DHS Office of the Inspector General (OIG) and the Wisconsin Department of Workforce Development (DWD).
  - The group decided to extend the March 19 meeting from 1.5 to three hours. The meeting will be from 9 a.m. to 12 p.m.
- Meetings April 2 and 16, 2020: Final review of policy recommendations by workgroups. May occur in small groups, and subgroups may need to work throughout March and April as needed.
  - Members were asked to think about communication moving forward / coordination within the small sub groups through offline meetings and e-mail.
  - By the workgroup meeting on May 6, 2020, the workgroup should have more concrete proposals for the workgroup to consider.
- By the May 28, 2020 Task Force meeting proposals should be ready for consideration of full Task Force.

#### **VI. PUBLIC COMMENTS.**

No public comments.

#### **VII. MEETING ADJOURNED AT 11:58 a.m.**

Prepared by: Lynn Gall, DHS Office on Aging on 2/25/2020.

These minutes are in draft form. They will be presented for approval by the governmental body on: 3/5/2020