

OPEN MEETING MINUTES

Name of Governmental Body: Family Caregiving Workgroup Governor's Task Force on Caregiving		Attending: : Task Force Members: Lisa Pugh, Todd Costello, Susan Rosa, Sen. Kathy Bernier; Rep. Deb Kolste; Jane Mahoney	
Date: 3/19/2020	Time Started: 1:00 pm	Time Ended: 4:00 pm	State Staff: Faith Russell, DHS, Lynn Gall, DHS, Andrew Evenson, DWD Guests: Sam Wilson State Director for AARP Wisconsin; Linda Miller, Director of Caregiver Services, TCare; Denise Richter
Location: Tele-conference			Presiding Officer: Lisa Pugh and Todd Costello
Minutes			

GOVERNOR'S TASK FORCE ON CAREGIVING Family Caregiving Workgroup March 19, 2020

1:00 p.m. Welcome

- I. **Overview of the agenda and approval of minutes from 3/5/20 meeting of the Family Caregiving Workgroup**
- II. **Approval of minutes from 3/5/20 workgroup meeting**
Rep. Kolste moved and Jane Mahoney seconded approval of minutes – approved unanimously
- III. Lisa Pugh acknowledged the new challenges presented to caregivers as a result of the COVID-19 pandemic. This could be the new normal for a while, and this workgroup is in a position to be part of potential solutions in a time of crisis.
- IV. **General comments re COVID-19 pandemic development**
 - Lisa Pugh shared that her adult daughter participates in the IRIS program and that her family has two working parents. Her daughter is home at present, as community-based day services have been cancelled and there is no school right now, so parents are on the hook to handle things. While her family may not be as isolated as some, it is a full time role that is difficult to be in. Working with aging parents in other work she does makes her concerned for the many people like her daughter who are still living with family members that are elderly, which means that when day centers closed and the respite is gone, these individuals are home 24/7 with elderly parents.
 - Another workgroup member was going to take her father for a medical procedure early Monday, but he was not comfortable with being out of the house and rescheduled for a later date. The elderly and disabled are having to adjust just like everyone else. It is upsetting our entire country and state. We will get through this, but it is difficult for everyone. Business owners have called their legislators in tears. This is going to be a struggle for all of our citizens in the state and nation.

- We should not diminish the stress that we're all feeling in some way. Another workgroup member was participating while babysitting for grandchildren in Minnesota so her daughter could work at the hospital. Daycares are closing. Concern was expressed that Wisconsin had a surplus of dollars in the state and that is going to be diminished quickly as well as put a strain on the state's unemployment fund. We need to find ways to take care of the caregivers because they are the front line of this, and they are some of the least paid.
- The DHS and GWAAR are beginning to think of how to use the AFCSP and NFCSP in new ways due to some traditional offerings and activities, such as in-person classes, support groups, educational events and in-home respite, are no longer options in many cases. Caregivers are now left with no option but to perform tasks that they aren't used to doing, and are doing so without training. Older American Act Nutrition Programs, congregate and home-delivered meals, are in wide use and are likely to grow with less in-home help available.
- Sam Wilson of AARP Wisconsin is hearing that caregivers need resources. AARP is planning a Tele-Town Hall on caregiving issues for their membership. He will share details for the Tele-Town Hall when it is in place. Lisa Pugh said that the Governor's Task Force would be happy to publicize the AARP Tele-Town Hall as well.
- The Task Force has an opportunity to identify some recommendations to the Governor's Office. One of the things providers need is information and being kept informed. Most care agencies are transitioning into virtual organizations overnight, which is a huge task for providers because offices may have closed or don't have walk-in office hours. Providers need some time to get their processes in place. Priorities right now are clear and ongoing communication with clients and workers and staying afloat as a business.
- Faith Russell reminded members to read communications that she shared from advocacy organizations which were sent to Governor Evers and the Legislature re COVID-19 crisis recommendations. (see attached)
- Suggestion: Address restrictions on certain family members and background checks for relative caregivers so they can be paid to provide care. Request to expedite or temporarily waive some policies to ensure short-term respite options are available, and create a process of tele-health check-ins for individuals receiving care and their caregivers.
- Other ideas: Ask DHS to allow hiring and paying family members who have traditionally been excluded, such as parents caring for children under age 18 and being able to hire spouses and domestic partners. This is a safe option since many family members may be home from work and living together already, and providing pay can provide some financial relief if a caregiver is laid-off from their normal job, as well as ensure that care is not interrupted.
- New guidance from DHS was posted today waiving face-to-face requirements and indicating that direct care workforce funds should be released by the end of the week. These funds will be distributed in the same manner as before.
- DHS is promoting regional community conversations with MCOs and IRIS consultant agencies to see how they can deploy training and address other collective concerns regionally.

V. Recap of COVID-19 recommendations from the morning Direct Care Paid Workforce workgroup meeting:

- Expedite caregiver training
- Expedite direct care workforce funding
- Ways to connect with DWD to connect displaced workers with caregiving job openings while ensuring health and safety of clients
- Temporary hiring of family members and guardians
- Temporary income disregard to qualify for BadgerCare and other benefits
- Reconsider background check restrictions
- Loosen some regulatory or oversight functions
- Securing public or other transportation for caregiving workforce
- Support businesses ability to operate
- Consider and include home care agencies the same as health care and hospital workforces

The DCPW group will provide recommendations to Faith by noon tomorrow to inform the governor of concerns, but are not a consensus of the workgroup or Task Force.

VI. Discussion of potential recommendation for immediate actions related to COVID-19 and supporting family caregivers

- Most family caregivers have been trained when it comes for caring for their own child. Increased stress is likely to come from having to do a task all day long without a check-in or attention given to wounds by a nurse if the family member doesn't have the expertise to handle the task. The workgroup should identify what can be done to give extra support and maintain healthy home situations while keeping caregivers healthy and supported. The goal is for family caregivers to feel comfortable providing any complex tasks they may have to perform.
- There are inconsistencies between programs in allowing the use of family members and friends as paid care workers. Make it more uniform because the hiring and training time can be lengthy, as well as there being high turnover in the paid workforce. If a worker is transferring from one agency to another, can the background check be transferred to the new agency, at least until a new one can be done? We do want to ensure that background checks are done to keep people safe during the COVID-19 crisis and safeguard against financial and other scams, which unfortunately are increasing during times of confusion.
- Programs at ADRCs: Loosen restrictions on family caregiver support funding so it can be easily used, and increase the amount available. DHS and GWAAR are hosting a statewide call with AFCSP and NFCSP program coordinators on Monday to discuss what innovative services can be provided without access to adult day centers and in-home respite. Some ideas mentioned were making daily calls to chat with homebound seniors or caregivers to give them a break and let them know they are not alone. Programs are also being encouraged to change to telephone support groups and open them to more people, providing caregivers with a chance to connect.
- Provide access to technology and online resources. Not everyone has access to the internet or broadband connections, but telephones should be pretty usable. Provide grocery and pharmacy delivery. Some counties restrict to only hiring services from

agencies, but those restrictions should be loosened to allow more people to be reimbursed for providing services.

- Use money previously used for housekeeping services or other face-to-face services in different ways. Emphasize the importance of keeping surfaces clean and removing clutter to minimize fall risks to family members and those already in need of care.
- Provide easy access to mental health services. Isolation without having anyone come into the home for days on end can take a toll on people's emotional health. However, the elderly are the most vulnerable to COVID-19. The fewer people in and out of frail elderly homes at this time the better.
- Require that all in-home and ADRC staff keep logs of safety checks and contacts with clients. Ask if caregivers and care recipients would like future calls, and what kind of information they would find helpful. As part of the regional coordination idea, use Telehealth and other technology, such as internet and iPads, etc., which allow people to see the face of the person they are talking to.
- Ask students or others who are properly protected to volunteer for making doorstep deliveries, understanding that there could be barriers to some of the medications they would be able to pick up for people in need.

VII. Family Caregiving Workgroup Recommendations

- Coordinate NFCSP and AFCSP caregiver support resources as much as possible with regional coordination that is happening.
- Make more funding available and as flexible as possible.
- Allow paying family members to provide care because in-home care from providers is in most cases not available. Providing pay can also relieve some of the financial strain working caregivers are likely to be under, especially if they are laid-off from their jobs.
- Schedule check-ins as frequent as the person wants, and contact should be made in a way that will work for each individual caregiver. (phone, email, etc.)
- Make mental health services available for people feeling isolated and cut-off. Ask counselors and therapists to arrange therapy sessions over the phone or using tele-health counseling. Some providers are waiving co-pays for counseling services during this time of self-isolation and "Safer at Home."
- Promote the DHS COVID-19 website, which offers guidance on many issues, including managing anxiety and stress and protecting one's mental health during an outbreak.
- Highlight what we as a state are able to do. Do not only focus on the negative aspects of self-isolation.

Workgroup members were asked to send COVID-19 recommendations for the Governor's Office to Faith by noon tomorrow.

VIII. TCare Presentation (PowerPoint attached)

By Linda Miller, Director of Caregiver Services, TCare

Provided a PowerPoint presentation and short demonstration of the TCare "User" and "Admin" dashboards.

TCare involves a 5 minute triage and 45 minute full assessment. Initial, 30 day, 60 day, 90 day, etc. It can show resources available in relation to where caregivers are living so program managers can see if resources should be shifted. They offer a preferred rate for partners of the National Association of Area Agencies on Aging (N4A) - \$2000 per licensed user per year. The local administrator of the TCare program/designee has access at no charge and can go through required training and have access for reporting purposes. Six hours of training. Self-driven online.

Questions:

1. Can this be used with non-Medicaid populations and Medicaid populations?

Answer: Washington State is using TCare for both populations; NY is looking at getting TCare into Office on Aging programs first, and some MCOs are starting to come onboard with it as well.

2. Has TCare been helpful with the COVID-19 crisis?

Answer: We don't know enough yet but those states/programs that have it in place can use the text message/touch points without having people engage face-to-face. Almost all users say the text message makes them feel good. Many family caregivers right now must feel isolated. If a caregiver doesn't have a cell phone, they can't get a check-in text. Would have to find another way to do check-ins if a person didn't have a smart phone.

3. Can TCare integrate with state programs?

Answer: It depends on what program a state uses.

4. What is the cost of implementing this across the state in non-Medicaid and Home and Community Based programs to build and train adequate number of people?

Answer: Full time FTE doing only TCare can carry a caseload of 50-75 individuals, depending on the depth of caregiving. The cost is \$2,000 per year per staffperson. In New York, most people being trained are those doing NFCSP or intake coordinators for ADRCs.

5. In Wisconsin we have LTC managed care, self-direction, and other programs. TCare doesn't sound like it makes sense for people who have a care manager – should states require that MCOs have at least one care manager who does this? Answer: Usually there is an internal TCare team in an HMO or MCO that gets certified. Or the ADRC could support the MCO by doing the TCare assessment. It is usually best to start at the level of Area Administrations on Aging or entity level so when you get to statewide implementation you know what it will look like.

6. What is the implementation timeframe?

Typically, it takes time to build the resource database and for procurement to get TCare in place. Training of administrators and screeners happens about 60 days out. There are additional cost to have TCare integrated with the state's WellSky/SAMS federal reporting system. TCare offers volume discounting – If we can ballpark a number of people who would use it, Linda Miller can give a price estimate. Wisconsin may want to put Medicaid and non-Medicaid users on one state contract.

IX. Next steps

- Develop a vision of how TCare would be used by different organizations and people. IRIS, Family Care and Older American Act Programs/ADRCs would have at least one. The assessment could identify how many caregivers are providing 15 hrs week, and they would be flagged for a TCare assessment.
- Solicit feedback from ADRCs on this tool. Would TCare improve ADRC consistency?

- Consider whether it should be implemented as a pilot or statewide.
- Should it be done as a regional rollout with providers at MCOs, ADRCs and IRIS consultant agencies?
- Bring back for more discussion in April.

X. Public comments - None

4:00 p.m. Adjourned

Prepared by: Lynn Gall, DHS Office on Aging on 3/26/2020.

These minutes are in draft form. They will be presented for approval by the governmental body on: 4/2/2020