DIRECT CARE WORKFORCE WORKGROUP MEETING: Next Steps -- Updated 2/20/20

Policy Area	Policy Idea	Draft Reframing	Data Needed	Next Steps & Timeframe	Person Responsible	Information Sharing Method
Rate Increases	*Ensure rates in Family Care, IRIS, and CLTS reflect workforce costs and market indicators.* Within MCO capitation rates, explicitly identify amounts for provider rate increases– indexed annually (CPI)	Figure out how to incorporate IRIS; how to ensure that rate increases get passed on to providers.	Info from DHS re MCO behavior re MCO rate increases. Would it need a change in contract language? A summary of how the funding for FC and IRIS works now as it relates to caregiving. (DHS) How do other states do this within a managed care rate? Need to determine the % of market increases for workforce.	Talk to DHS re tracking of rate increases. Also learn about DHS instructions to actuarial firm.	John & Ted Ted to look at other states.	Keep in mind that the direct care workforce funding was directly passed on to workers.
Rate Increases	*Require Workforce Impact Statements in the budgeting process*	Family Care and IRIS; also CLTS	What data would be needed to create this report? John – may not need to be over-analytical. What should the sources be?	Develop framework for what it might look like; identify what should be included.	Ted develop initial framework, including discussion of	

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			In the future, will need to connect with DHS staff. Should there be consumer end-user questions? Review NCI questions related to this issue. Ask DHS re what NCI questions currently have workforce impact correlation.		data sources needed. Jane will help; Lisa S. will as well.	
Untapped Workers	*Prioritize a career path for direct care workers.* Expand the WisCaregiver Career Program, create dedicated units within job centers that focus on recruiting untapped workers such as high school students or retirees		Ask DWD to outline functions of job centers related to supporting development in specific sectors? Understand workforce development boards and how to influence their plans.	ID the right DWD staff to get this info, to help determine if there is something to pursue.	LaVerne	
Untapped Workers	*Examine current background check policies keeping people from being eligible for employment.*	Want consistency. Consider risk for employers as	Invite Betsy Genz and other DHS staff to share info re current background checks for the various programs and		DHS staff to get started.	

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		well. Equity concerns as well.	what would have to be changed (statutes? Code?) What are the notification requirements/differences across programs for informing recipients about the results? Time-frame of checks. Is there a real-time notification in case something changes?			
Statewide Training	*Count Work Experience for CNA Certification*	Training for PCWs could count toward CNA certification. Would create a career for PCWs; what about people who are CNAs in from another	Learn more about how it would work for IRIS. Do a crosswalk of the curricula. Reciprocity without states? Follow up with DHS staff. Learn Find out about existing trainings for direct care competencies. Figure out how to recognize work experience.	Sit with the person who approves the CNA training program. Work with technical colleges.	Todd to work with technical colleges re curricula – crosswalk with CNA program. John S. to talk to DQA about counting experience. Stephanie B. willing to be involved as well.	

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		state – can we count those hours as well? Goal is how to attract people to the work initially. Look at barriers to completion of training/test.				
Statewide Training	*State Funded Training. Grants from DWD to Fund Training for Community Based Personal Care Workers Similar to the Wisconsin Caregiver Career program*	Could a DWD Fast Forward grant assist, with the design of WisCaregiver Career (retention bonus). On-line training for CLTS,	Look at other states; impact of training regarding turn-over. Could a DWD Fast Forward grant assist, with the design of WisCaregiver Career (retention bonus). What is the current cost to providers for training?	Talk to DHS and DWD about options. Need to see what would support LT services and support programs.	Todd & Lisa to pursue.	

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		offered for free.				
Statewide Training	*Adopt a Statewide Standard for Training for Direct Service Providers*	Standards would likely have to link to statutes. Not choosing a curriculum, but setting a standard for a quality curriculum.	Question: who would approve and how would it be maintained? Would there be a certification process? Crosswalk with current training requirements. What are the standards DQA uses in approving providers' curricula? Are current standards adequate? Something more comprehensive needs to be developed?	Start with DHS/DQA re requirements and procedures.	Ask DHS/DQA.	
Benefits **[FOR DISCUSSION ON 3/5/20]**	*Redesign IRIS and MCO rates.* Enhanced rate for providers who offer credible health insurance, designated percentage or amount of rate increases to MCOs and IRIS that must be used for wages and benefit					

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	increases, methodology to ensure that state reimbursements for MCOs and IRIS include pass through to workers					
Regulation & Compliance	*Regulatory Compliance Oversight Agency.* Regulatory compliance should be better coordinated or overseen by only one agency with clear guidelines on what constitutes fraud, waste and abuse		More about how OIG decides to investigate; to what extent is OIG able to discriminate between clerical errors and fraud – can we see data re that? More about OIG's intended shift to more educational/ consultative, less punitive approach (e.g., strategic plan, goals, etc.). What does a "good" agency look like? How does OIG extrapolate fines/fees – what are the parameters? How does OIG determine the	Members send specific scenarios/examples of disproportionate consequences to Faith by March 5; staff to share scenarios with OIG and DQA. If possible, bring OIG & DQA in March. Ask OIG to have a presentation that addresses these questions.	Members who will provide examples: Jane B. Adien Mo	

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			impact the error had? What are the different types of errors and associated fines? Can plans for correction be used instead of fines? Is there a possibility of a grace period for providers in good standing? Data re impacts of OIG audits/investigations on provider attitudes? On quality? How many business have gone out of business? Total fines collected? (Need DQA as well as OIG) What is the trend in # of audits in last 5 years?			
Regulation & Compliance	*Community-based Residential Facilities Hiring.* Change statute to					

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[FOR DISCUSSION ON 3/5/20]	allow hiring of 16 years or older instead of 18 or older					
Untapped Workers	*Media campaign improving image and explaining need/value of LTC workers, with a hotline for information about careers and volunteer opportunities.*	Could consider reframing as a messaging or media campaign attached to something tangible (e.g. training). Maybe this is a Phase 2 item?	Will need a media expert to consult with See what the ROI has been on the WisCaregiver Career Program campaign. How do they attract people? Why do people not complete the program? Need more data on why people leave the field. Is there a history of attaching campaigns to the Job Center of WI? Is there a media expert who would be willing to consult? Wood Communications?	Recommend developing some of the other recommendations first (wages, career ladder etc.). Then bring in a media expert for advice on a campaign. Get info from WisCaregiver Career Program re why people didn't complete the program. What about workforce development boards – what are they learning about why people leave? Job Center of WI. DWD. Could do a	Beth: talk to CLC and Open Future Learning re cost and impact. DHS to share questions with staff. Subgroup will look at reframing the charge and timeline. Lisa Schneider to explore further with Kevin C. re WisCaregiver program. Todd – ask WPSA members if they are	Looking for written material.

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				demo of what Job Center of WI can do. Talk to Community Livings Connections and Open Futures Learning about impacts and costs. Add Jason to this workgroup.	willing to share info from exit interviews. Todd will inquire with Dane Buy Local about possible media consultants. Jane B. will consult with Wood Communications (info re options and costs). Beth will talk to CLC and Open Futures Learning	
Benefits	*Income disregard for direct care workers*. Options might include state benefit programs, health insurance exchange, state income taxes	Would have to think about how to frame the idea so that it doesn't just seem to	What have other states done? What is possible? Health insurance and child care are the most common cliffs that states address.	Look at PHI and other data to learn more about the items in the "data needed" column.	Lisa: look at National Council of State Legislatures for data; will also look at national	

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		be an increase in public benefits programs. Would be good to put together what workers are looking for in a job and asking providers why people leave.	States have done this for various professions. Need research re income disregards related to public benefits programs. Do we have data showing that people with income disregards will work more? Income disregards are done for housing assistance; also have phase outs. What are the desired outcomes? To have people work more and increase their incomes. US DHSS: states have established disregard for their TANF programs. There must be data.		ListServ of State Arc Directors Todd: ask WPSA re data from providers Anne and Jane B.: Will do more research on what other states have done, how to define who would qualify.	

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			What is the range of income disregards that other states have done? How would we define who would qualify? What are workers looking for in a job? Why do they leave? Society of Human Resource Managers: has studies about importance of benefits.			
Benefits	*Medicaid Expansion per Federal Law*	Jane and Anne will revisit and see if there is an alternate approach re buying into the state retirement system and health care.	Better data on the number of personal care workers on Medicaid?	Look at how many of the people in care provider positions are likely to be on Medicaid.	Jane and Anne will look at other possible options. Beth will ask Ellie Hartman (DWD) re: data	

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		Could include this as an idea as a way to help offset costs of other proposals.				
Rate Increases **[FOR DISCUSSION ON 3/5/20]**	*Payment standards for nursing homes based on actual costs of care*					
Untapped Workers	*Encourage WI Congressional delegation to support immigration policy reform*		Look at national LeadingAge recommendations? They were specific to work in direct care. What are big employers doing to bring in employees? E.g. WI Dells. How long can they stay?	Subgroup to revisit LeadingAge recommendations and PHI data.	Subgroup, with consultation with John Sauer.	
Untapped Workers	*Replicate models in other states where MCOs contractually required to create employment*			Recommend not moving forward on this.		

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	opportunities for people on Medicaid.					