Governor's Task Force on Caregiving

Meeting on 10/25/19

Attachment: "World Café" Discussion

Question: What did you hear about so far that you want to learn more about?

- Numerous people indicated they wanted to know more about other states' task forces and programs—
    o What's working? What's NOT working?
    o What about neighboring or comparable states?
    o How do states interface with individuals?
    o Arizona and other states that got stakeholders working together
- Balancing gold standards and minimum training
- Uniformity in certification
- Direct Support Provider?
- Making sure regulation doesn't hurt care workers
- Several people wanted to learn more about survey that was presented, including e.g.
    o Who is left out?
    o Raw data?
    o Is it out of date?
- Cross-training
- Results of past efforts in WI (e.g., Dane county registry?)
- How did MN pass a wage increase?
- Future demographic projections
- Current landscape in WI: what is WI already doing (with respect to both paid and unpaid caregivers)? What is the budget (including specific funding allocations)? How are the existing programs in WI working (for both paid and unpaid caregivers)?
    o What about budgets for caregiving industry overall?
- Balancing institutional supports with private care supports
- Examples of insurance pools
- Unions for caregivers
- Family care rate setting assumptions used to determine wages when set
- Capacity for state action (vs. federal)
- How to make sure wage increases actually go to workers
- How do other states set rates?
- Medicaid rates: what is being provided to groups that did not get an increase?
- Tax write-offs for businesses to comply with regulation, wage garnishment reporting, etc.
- How does AZ hold MCOs accountable for workforce and wages, benefits?

Question: What is one key thing you want the workgroup working on the <u>statewide worker registry</u> recommendations to remember?

- Specialized training for different kinds of caregivers and populations
    o Related: also list specialties and certifications, such as CPR, autism, etc.
- Clear standards to be on the registry
- Considerations for no access to high speed internet
- Multiple people emphasized planning with the perspective of the end user in mind.

- Lessons learned from Dane County registry
- Language diversity and other diversity considerations (e.g., Spanish language skills, cultural competency trainings)
- Inventory of current registries
- Who is in charge of maintaining the registry or doing the background check?
    - Related: how will the registry be kept up-to-date? Users will be frustrated if information is outdated.
- Consider that this is a very diverse workforce, and businesses are very different – so be careful about common registry demands (e.g., certification)
- Consider using drop-downs for certification, background checks— aim of being easy to use for both agencies and individuals
- Who will do the entry, and what will the process be (e.g., checkboxes to select)? What is the possibility for liability (for agencies or other actors)
    - Related: who will check that the information posted is true/correct?
- Ensuring the registry is accessible for people with disabilities
- Ensuring registry is system-wide (so including all payers and types of CGs)
- We need to put money into maintenance of the registry and dissemination; people need to know about the registry
- Ensure user-friendly for caregivers—if working for an agency and extra hours, non-compete clauses
- See what other states do with respect to registries
- Ways to provide feedback on workers in system—e.g. place to write reviews
- Confidentiality concerns—ensuring opt-out options for confidentiality (i.e. domestic abuse). From DHS to provider
- DWD control and interface with Job Search WI
- Keeping inactive and/or poor quality caregivers off the registry
    - Related: Consider expiration date for caregivers so that caregivers must refresh or check in to show they are still active, available
- Ongoing background checks (e.g., every 2 years)? Recertification?
- Allow searches by distance (e.g., within X miles from Y location)
- Hiring across borders is possible—don't stop at the state lines
- Driver history, worker's comp
- Could charge a small fee to get on the registry – use this money for background checks

Question: what is one key thing you want the workgroup working on the paid direct care workforce recommendations to remember?

- Include cost estimates with recommendations
    - Including projected cost savings, as well
- Link between job satisfaction and retention
    - Facilitating team environment (including larger environment—providers, DHS, MCOs, everyone)
    - Example: nursing homes
- Incorporate good data e.g., from past budgets, workforce data, demographics, money currently wasted or money that could be used more effectively
    - Also include data on population subgroups who are potential pools for recruitment, such as veterans, formerly incarcerated individuals

- Multiple people emphasized issue of oversight/supervision of home care providers or others in home setting
- Private pay versus other payers, LICI
- Location in state (cross-state differentials in wages)
- Who pays for training? How to pay to get to 240 hours of training?
- Cross-training ideas: caregiver providing self-care (e.g., cooking, lawn, other help too)
- Recruitment, retention, recognition all equally important
- Work though high schools to direct students to training
- Market caregiving…
    - o Understand that this is a vocation
    - o As its own career (vs. just a stepping stone to nursing)
        - ▪ But also understand possibility of a career ladder
    - o Market the social value of these jobs—social betterment, public service.
    - o Build "heart" into work, highlight its value and increase respect, recognition for how hard this work is
- Work with DWD
- Understand we need more expertise in providing culturally competent care for diverse populations
- Consider ways to support employers to work with/collaborate with employees to support their careers
- Less time on documentation/regulation
    - o Ways to support staff with documentation or language in forms?
- Consider caseload/size to stop burnout
- Staff ratio – no standardization by acuity
- Availability of back-up
- Supervision on site, tele-supervision?
- Reimbursement
- Consider larger dynamics including market of employees in the business world (compensation/benefits may not matter)
- Abolish OIG
    - o Consistency between OIG and DQA (e.g., home care)
- Consider income limits on public benefits and possible challenge of maintaining benefits with income increases
- Certification and training
- Agencies taking more proactive role in introducing caregiver to client
- Streamline supportive care and home- and community-based services, regulations under each program
- Need for buy-in from all stakeholders (not just Medicaid)
- Required competencies should be informed by people with lived experience
- Pay increases across the board
- PC payments (not IRIS)
- What would make WI a magnet for workers?
- Recognize burnout; time off is a concern
- Benefits like health insurance, child care, family leave

Question: What is one key thing you want the workgroup working on <u>unpaid family caregiver</u> recommendations to remember?

- WHO is the caregiver?
    - Related: there are different types and dimensions of caregiving – including physical , emotional, etc.
- How to get caregivers the information they need in a timely manner
- Improve system for CGs to know WHERE to go
- It's about more than respite
    - Related: but it's also about how respite is defined
- Importance of follow-up—e.g. a PHONE CALL
- What is the value of unpaid caregiving? (Contribution to economy, generated cost savings, etc.)
- Help CGs identify and address stress
- Need for flexibility in type of support (e.g., housekeeping)
- Look at family unit
- Identify barriers for other community partners to help
- Development potential for volunteers
- Supports related to hospital discharges
- Improve communication/support between paid workers and family caregivers (training, too)
- Liability concerns for home health agencies
    - Related: good Samaritan coverage (negligence)
- Educate health care providers about family caregiving
- Balance for the working caregiver
- Attention to diminishing network of providers
- Collaboration and communications between agencies
- Statewide equity of supports
- Asset limits (Medicaid)
- Priority must be to keep people in their homes (vs. nursing homes)
- Focus on where people first interface
- Improved role of ADRCs
- Public awareness- PSAs on who a caregiver is, etc.
- Helping caregivers recognize role of caregiver and their own needs
- Data showing that "spending $ will save $", need for investment
- Role of first responders
- Need for future planning BEFORE crises
- Remember the culture—different ways of defining family, caregiver
- Questions/assessment for caregivers at doctor's offices

Question: What is one strategy you would recommend to help the Task Force work efficiently as a group?

- Connect email for all
- Knowing topic/agenda ahead of time → all come prepared
- Quick response to question email)
- Stay focused on charges
- Having data
- Comfortable space, working technology

- Alternate meetings—large group, workgroup
- Have presentations loaded on website prior to meeting
- Inclusive of remote participants
- Consistent person to accept recommendations/data
- Allow, share public comments
- Nominative group process
    - E.g., [Nominal group technique](#)?
- Conduct quick check-in/touch-base at end of meeting
- Have evaluations
- Promote self-care
- Keep the momentum going!
- Bringing in other content experts – e.g., on regulations, business perspective (including g risks of going out of business)