Proposals Given Preliminary Approval for Continued Discussion by the Governor's Task Force on Caregiving

1. Until such time that a Family Care rate bands are implemented (January 1, 2022), the Family Care funding increases for caregivers should primarily occur via the **Direct Care Workforce Fund**. Propose that annual increases be provided to the existing Direct Care Workforce Funding program to ensure dollars are allocated directly to the long-term care providers for caregiver wages and benefits. Further, direct and support DHS' efforts to secure CMS approval allowing total Direct Care Workforce Funding to be allocated via annual payments. This recommendation does not negate the mandate that the Family Care MCO capitation rate must be actuarially sound, taking into account, at a minimum, member acuity, client mix and the cost of care and services.

2. **Rates Band Proposal** – DHS should develop and implement by December 2021 a statewide rate band that: a. starts with worker wages as outlined above, b. is transparent and consistent across programs and settings; c. has built-in increases based on Consumer Price Index (CPI) annually, and d. is developed with provider input from the beginning.

3. Require a **Medical Loss Ratio** (for Family Care Managed Care Organizations) of at least 85% that does not include case management (MCOs would require to spend at least 85% of its capitation rates received from the Department of Health Services for direct care and services for Family Care members. Case management, administration and profits would be funded from the remaining 15%).

4. The Wisconsin Medicaid **nursing home and fee-for-service personal care reimbursement systems** should be reformed to create payment standards that are reflective of the actual cost of care. For example, the payment standard for direct care could establish cost-based payments based on a percentage of the nursing home median direct care costs, and the support services could be paid at the lessor of a percentage of the nursing home median support services costs or the provider's actual cost. This proposal should also address labor region disparities that exist under the current payment system which negatively impact caregiver wages and benefits. Similar adjustments could be made to reflect personal care direct care costs. Consistent with the Task Force's Family Care recommendations, the nursing home and fee for services personal care payment standards should be

annually adjusted by CPI. The goal of reimbursement adjustments is to prioritize increases in worker wages to reflect market dynamics.

5. Legislative Change: **Medical Leave Act Amendments** – Expand the coverage in the Wisconsin Family Medical Leave act to include chronic condition and caregiving responsibilities. Currently it covers serious health conditions under the care of the physician which seems to cover only acute conditions. Expand the list of people covered to include grandparents, grandchildren, and siblings. Expand the examples of how care can be used to include attending training and education on caregiving duties and responsibilities, discharge planning meetings, and care planning meetings).

6. Realize full **Medicaid expansion** under the ACA to capture the enhanced FMAP to cover "newly eligible adults" with income up to 133% of the poverty rate. In 2020 the FMAP was 90% while the current FMAP in Wisconsin is approximately 59%. Newly eligible are adults (non-disabled adults aged 19-64), are defined as those who were not covered by the state at the time of the passage of the ACA ($324.5 million GPR savings over the biennium).

7. Allow an **earnings disregard** (Amount TBD) for Direct Support Professionals when determining eligibility for designated benefits and/or subsidies. An earning disregard would allow the DSP to work, gain income, and disregard a portion of this income when determining eligibility for BadgerCare benefits or the childcare subsidy.

8. Caregiver Assessment: **TCare** Proposal: Pilot TCARE for 1 year-- TCARE is a caregiver screening/assessment that asks questions of the family or informal caregiver to assess their health and well-being, stress levels, challenges, skills needed to perform care, informal support system and strengths that enable them to provide care. The assessment identifies areas where the caregiver may need additional supports to keep them healthy and allow them to continue to provide care in the community setting, thus delaying the need for placement in a facility. TCare is an evidence-based assessment approved by the Administration on Community Living. It is the only family caregiver assessment using an algorithm to triage services and supports to caregivers in the most need. ($60,000+)

9. Legislative Change: **WI Credit for Caring** – This proposal creates a nonrefundable individual income tax credit for qualified expenses incurred by a family caregiver to assist a qualified family member. To be qualified, a family member must be at least 18 years of age, must require assistance with one or

more daily living activities as certified by a physician and must be the claimant's spouse or related to the claimant. A claimant may claim 50 percent of the costs of qualified expenses spent to improve the claimant's primary residence to assist the family member, equipment to help the family member with daily living activities, and obtaining other goods or services to help the claimant care for the family member. The maximum amount of credit that may be claimed each year for a family member is $1,000 or $500 if married spouses file separately. No credit may be claimed by a claimant whose Wisconsin adjusted gross income in the year to which the claim relates exceeds $75,000 if the claimant is single or is married and files separately or $150,000 if the claimant is married and files jointly. Generally, under the bill, qualified expenses may not include general food, clothing, transportation, or household repair costs, or amounts that are paid or reimbursed by an insurance company or the government. ($125 million)

10. Legislative Change: **The Care Act** – Support Legislation to ensure that family caregiver is recorded when a loved one is admitted to the hospital; The caregiver is notified if a loved one is transferred to another facility or discharged back home; and The facility would also have to provide an explanation and live instructions on medical tasks for caregivers. https://docs.legis.wisconsin.gov/2019/related/proposals/sb516.pdf

11. **State-Wide Direct Support Professional Training** – Develop a statewide best practice standard for training direct support professionals. The recommendation is to pilot a program, which would include: A person-centered direct support professional training guide that would allow providers the flexibility to apply criteria to their existing training while meeting the needs of clients in both community- and facility-based settings; Alignment with regulations and statutes for different worker categories; A portable certificate for Direct Support Professionals with the option to upload to a registry. **A three-tiered career ladder** leading to CNA (Tier 3) by successfully completing Tier 1 and Tier 2 requirements and obtaining potential credit for prior learning and/or work experience; A web-based or e-learning training option. (Explore opportunities to incorporate WisCaregiver Career Program technology to support web-based access and testing capability); and communication with job centers to ensure they are aware of the Direct Support Professional certificate and career ladder.

12. **Recognition and Recruitment of Direct Support Professionals** -- It is proposed that resources be allocated for the Wisconsin Department of Health Services to oversee a statewide marketing campaign, the development and dissemination of a marketing toolkit for local use and grants for local pilots. The goals of these initiatives are to increase community awareness about the

value of direct support professionals and activate individuals to apply for positions. ($100,000+)

13. **Background Check Policies:** Revise policies keeping people from being eligible for employment; eliminate inconsistency across IRIS and other adult Long-Term Care programs. Expand the Direct Support Professional pool of applicants by eliminating barriers to hiring related to background checks and creating consistent hiring criteria across all adult Long-Term Care programs. Uncover the existing barriers and inconsistencies that prohibit the hiring of individuals with similar background check findings in IRIS. Agencies supporting IRIS participants estimate that 10% of IRIS worker applicants have background check issues that make them ineligible for hire.

14. **ADRC Reinvestment/Caregiver Support**: Support reinvestment in ADRCs to provide funding sufficient for them to provide the services they are currently responsible to provide. ($31 million)

15. Regulations Need to be Consistent between Regulating Entities (DQA and OIG). Multiple courts have found that DHS is holding agencies to an **unfair "perfection standard."** DHS OIG recovery efforts should be limited to instances where: Services were not actually provided, or the amount claimed was inaccurate or inappropriate for the service that was provided. OIG should follow DHS (DQA) practices and work with providers to fix documentation or clerical mistakes instead of requiring them to pay back significant sums of money for cares already provided. DHS OIG should work with providers to develop a resolution process that OIG would have to use before initiating a recoupment/recovery. Providers should have the flexibility to use electronic signatures for documentation of services rendered for personal care services.

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16. Establishing one or more **registries of home care providers** and developing a plan to provide referral or matching services for individuals in need of home care. This proposal is being developed by the Ad Hoc Registry Workgroup. *A Recent Change*: ConnectToCareJobs.com is a special project of ADvancing States, www.ADvancingStates.org. ADvancing States, supported by Centene Corporation, has built a tool that seeks to fill staffing gaps in a timely fashion. It will allow nursing homes, assisted living facilities, residential care facilities, and long-term acute care hospitals to identify the specific staffing needs they have on specific days. At the same time, individuals who are licensed and/or trained for the various roles in these facilities can register their availability and willingness to fill shifts. An algorithm then matches the workers and the facilities – in real time. States and Territories have the ability to manage which facilities are included to enable those in crisis to get preference and to monitor the matching as well. In future releases, the tool

will include matching for hospitals, homecare agencies, hospice, and individuals who self-direct their care. It is a job matching tool only. **{No action taken}**

17. **Regulation & Compliance**: Regulatory proposals for pre- and post-COVID-19: Prevent DHS OIG From Conducting Audits and Recoupments During the Public Health Emergency; DHS should provide an official, comprehensive guidance document that includes a list of all temporary regulatory flexibility granted to community-based providers during the COVID-19 public health emergency; and DHS should work with Medicaid providers to develop a plan on how to transition to "business as usual" following the end of Safer at Home*/State Public Health Emergency* and recommend some permanent regulatory changes. **FAILED**

18. **Community-Based Residential Facilities Hiring:** Modify current administrative code to allow resident care staff to be 16 and 17 years of age so long as they meet DHS 83 training requirements, do not work alone, do not pass medications, and work under supervision. **FAILED**

LeadingAge Wisconsin, June 11, 2020