Items Submitted by John Sauer, LeadingAge Wisconsin

GOVERNOR'S TASK FORCE ON CAREGIVING

Individual Assignment – Direct Care Workforce Workgroup

Due to Faith Russell by Close of Business on Tuesday, January 7, 2020

Please reference the "Homework Instructions" sent December 17, 2019

NAME: John Sauer, LeadingAge Wisconsin

TOPIC AREA – ***Select one*:**

☒ Ensure standardized rate/Medicaid increases (intentional, transparent, worker-directed, market-indexed, increased parity, etc.)

☐ Develop strategies targeting pools of untapped workers

☐ Streamline regulation/compliance (including documentation requirements, background checks) + OIG audit

☐ Increase benefits (including health benefits, retirement, merit-based increases + rewards for longevity)

☐ Develop statewide, competencies-based training through DWD in partnership with college systems (portable, tied to increases in wages/recognition, inclusive of people receiving care) (could be funded through grants)

DESCRIBE POSSIBLE POLICY APPROACH:

Funding Quality Nursing Homes: An Investment in Our Future: In order to preserve Wisconsin's quality nursing homes and address the disturbing and increasing facility closure rate, further investment in the Medicaid payment structure is necessary. Building on the recent Medicaid nursing home funding increases authorized by the Legislature and signed into law by the Governor, the proposal would establish a Medicaid payment system that more directly reflects the actual cost of resident care. The proposal would increase Medicaid nursing home funding by approximately $23.2 million GPR dollars in 2021-22 and $48.3 million GPR in 2022-23. The allocation of these dollars would be determined by the Department of Health Services, in consultation with the nursing home provider community, and would be targeted to areas most impacting caregivers and their support services colleagues.

This investment is necessary to preserve CNA jobs and address the need to improve wages and benefits.

The bottom line is continued significant investment in nursing homes is necessary to preserve access to our State's community nursing homes.

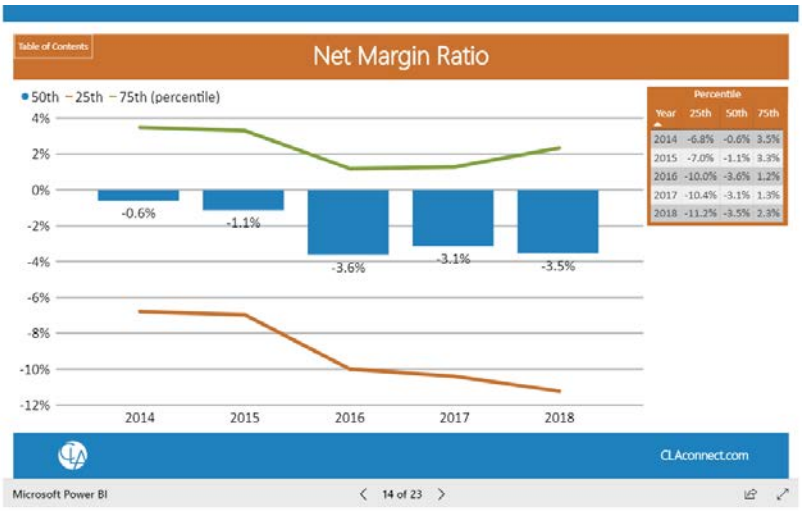
DESCRIBE RELATED RESEARCH AND EVIDENCE:

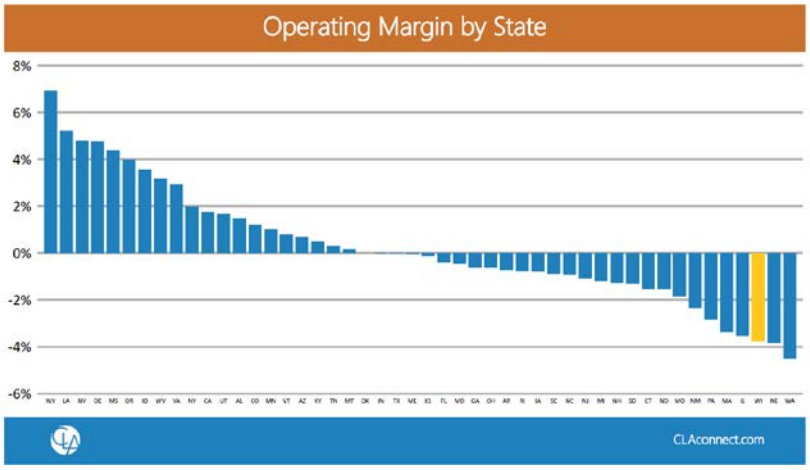
The basis of Medicaid nursing home allocations and future budget decisions (by DHS, the Governor and the Legislature) should be made considering the actual and projected cost of resident care. In Minnesota and many other states, the budget for nursing homes is determine based on the actual cost of care; explicit decisions are made about the percentage of costs to be covered by Medicaid and the need to fund certain payment standards. In Wisconsin, the reverse often happens. The Medicaid nursing home budget is established based on overall State Budget decisions, and only after the overall Budget passes do policymakers begin to determine how the available dollars will "shoe-horned" into the current payment formula. That is, a payment standard is not funded reflective of the cost of care and workforce considerations; instead, the formula is changed from year-to-year simply based on the funds available. The proposal would move the payment system to a "cost-based" formula.

Consider:

The current Medicaid nursing home payment system is dramatically underfunded. National reports indicated Wisconsin has the second worst nursing home payment system in the country (relative to covering the actual cost of care) https://www.ahcancal.org/facility_operations/medicaid/Documents/2017%20Shortfall%20Methodology%20Summary.pdf).

Further, a national accounting and consulting firm, CliftonLarsonAllen, has reported that Wisconsin has the third lowest nursing home net operating margin in the country. In 2018, the CLA study reports Wisconsin nursing homes had an overall net operating margin in -3.5%. (https://www.claconnect.com/resources/white-papers/2019/34th-snf-cost-comparison-and-industry-trends-report):





Not surprisingly, since January of 2016, 37 Wisconsin nursing homes have closed; 18 facilities closed or were in the process of closing in 2019. Access to quality nursing homes is a current and growing concern.

Wisconsin's residential and nursing facilities report a caregiver vacancy rate of 23%. Many facilities have been forced to deny admissions due to lack of staff (The provider associations will be releasing the 2020 Workforce Report in January/February of 2020).

It is suggested that the Department of Health Services look to the State of Minnesota as an example of a Medicaid nursing home cost-based payment system that better reflects the cost of care.

On average, Minnesota CNAs are paid approximately $2.00/hour more than CNAs working in Wisconsin: https://www.findcnaclasses.com/cna-salary/and https://www.house.leg.state.mn.us/comm/docs/324f64d1-fcba-48a6-971a-ec8acf6ca6c8.pdf.

Minnesota's average 2019 nursing home Medicaid rate is $261.11 per resident day compared to $191.13 in Wisconsin. https://www.house.leg.state.mn.us/comm/docs/324f64d1-fcba-48a6-971a-ec8acf6ca6c8.pdf

Nursing facility rates differ across 50 case mix levels, which reflect differences in care needs. The Minnesota statewide weighted average nursing facility daily rate was $261.11 as of Jan. 1, 2019. Wisconsin: https://www.dhs.wisconsin.gov/nh-rates/nrprs-public-meeting-090919.pdf

The Minnesota Medicaid nursing home payment system reimburses direct care costs, including CNAs, based on the actual and projected direct care costs for facilities located in the seven metro counties (Twin Cities area). According to MN Department of Human Services officials, very few Minnesota nursing facilities do not have their actual resident direct care costs covered, the opposite of what occurs in Wisconsin. In Minnesota, no facility is paid more than their direct care cost. For support services costs, (e.g., housing keeping, dietary, laundry, maintenance and administration) the cost-based payment standard is set at 105% of the cost within the seven-county metro area. https://www.house.leg.state.mn.us/comm/docs/324f64d1-fcba-48a6-971a-ec8acf6ca6c8.pdf (See: Sec. 18. [256R.23] TOTAL CARE-RELATED PAYMENT RATES… Subd. 4. Determination of the median total care-related cost per day. The commissioner must determine the median total care-related cost per day using the cost reports from nursing facilities in Anoka, Carver, Dakota, Hennepin, Ramsey, Scott, and Washington Counties.); https://www.revisor.mn.gov/laws/2016/0/99/#laws.1.43.0.

If Wisconsin hopes to improve wages and benefit to caregivers serving nursing home residents, the overall nursing home payment system must be reformed. One cannot happen without the other.

DESCRIBE POSSIBLE IMPACTS (POSITIVE OR NEGATIVE; INTENDED OR UNINTENDED), INCLUDING WHICH POPULATIONS ARE LIKELY TO BENEFIT AND WHICH ARE LIKELY TO BE HARMED:

The proposal would greatly benefit all who work or live in a Wisconsin nursing facility. Residents' families and friends would also support payment reform for our community-based nursing facilities.

It would be hard to imagine who would be harmed by improving the financial viability of nursing homes and preserving the long-term care safety net for those persons in need of the care and services provided by these facilities.

POLITICAL LANDSCAPE: Describe what groups might support the idea and what groups might oppose it.

In support: The nursing home provider community (residents and staff), families, community advocates, and others concerned about the care and services for older adults.

Opposition: Those concerned about increasing Medicaid spending or State spending overall.

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☐ Develop statewide, competencies-based training through DWD in partnership with college systems (portable, tied to increases in wages/recognition, inclusive of people receiving care) (could be funded through grants)

DESCRIBE POSSIBLE POLICY APPROACH:

Family Care Capitation Rates Reflect Workforce Costs: The proposal would require the State Budget documents to explicitly identify within the amounts budgeted for the Family Care Managed Care Organizations' capitation rates the percentage (and amounts) available to fund provider rate increases. Further, statutorily require that the amounts available to fund provider rate increases be annually adjusted, at a minimum, by the consumer price index. Further, require each MCO under the Family Care program to issue a year-end report on the degree to which it increased provider reimbursement rates, by provider type. In addition, this proposal calls for the continuation of the Family Care Direct Care Workforce Funding as reauthorized in the 2019-21 State Budget.

DESCRIBE RELATED RESEARCH AND EVIDENCE:

Until 2020, the assumptions embedded in the budget for the Family Care MCO capitations were rarely revealed or understood. The State Budget would simply include a gross aggregated amount to fund Family Care utilization and intensity, and funds necessary to produce "actuarily sound" capitation rates. Previous State Budgets, including the 2019-21 Budget, never disclosed what budget assumptions were made with respect to Family Care provider rate increases, necessary to address caregiver wages and benefit. For example, here is what the current State Budget provided in terms of the Family Care budget narrative:

14. Medicaid Base Reestimate

	Agency Request				Governor's Recommendations			
Source	FY20		FY21		FY20		FY21	
of Funds	Dollars	Positions	Dollars	Positions	Dollars	Positions	Dollars	Positions
GPR	152,955,600	0.00	343,046,200	0.00	89,305,200	0.00	264,657,600	0.00
PR-F	186,666,300	0.00	338,970,900	0.00	112,358,400	0.00	249,975,200	0.00
PR-O	26,643,400	0.00	111,134,100	0.00	-14,863,900	0.00	67,386,900	0.00
PR-S	958,900	0.00	959,400	0.00	958,200	0.00	958,300	0.00
SEG-O	4,511,900	0.00	1,658,200	0.00	4,793,800	0.00	2,012,700	0.00
TOTAL	371,736,100	0.00	795,768,800	0.00	192,551,700	0.00	584,990,700	0.00

The Governor recommends adjusting the department's base budget to reflect reestimates of Medicaid and BadgerCare Plus enrollment, service utilization and inflation.

https://doa.wi.gov/budget/SBO/2019-21%20Executive%20Budget%20Complete%20Document.pdf

The amounts available to fund provider rate increases was never disclosed and the expectation by policymakers ostensibly was that MCO-Provider rate "negotiations" would determine what, if any, provider rate increase

would be granted. During rate "negotiations," providers seeking rate increases from the MCOs were most often told the capitation rates were not sufficient to fund the requested increases. As a result, for many years, most providers received no rate increase to fund caregiver wages and benefits (or any other expenses).

Thankfully, beginning in January 2020, the DHS has indicated that embedded within the MCOs' 2020 capitation rate is an amount sufficient to fund, on average, a 1% provider rate increase. Although the 1% increase falls far short of the amounts necessary to adequately fund caregiver wages and benefits, this action should be well received by the provider community. The expectation by the providers and, we suggest, DHS is that the MCOs will be expected to grant at least a 1% to providers.

The proposal is to statutorily require that the State Budget to explicitly identify within the amounts budgeted for the Family Care Managed Care Organizations' capitation rates the percentage available to fund provider rate increases, and that amounts available to fund provider rate increases be annually adjusted, at a minimum, by the consumer price index.

Under this proposal, all providers/agencies serving Family Care members would be in a much more favorable position when negotiating rate increases from the MCOs. Further, each MCO under the Family Care program would be required to issue a year-end report on the degree to which it increased provider reimbursement rates, by provider type.

The proposal also calls for the continuation of the Direct Care Workforce Funding as reauthorized in the State Budget.

Without these changes, it will prove increasingly more challenging for Family Care providers/agencies to fund caregiver wages and benefits.

DESCRIBE POSSIBLE IMPACTS (POSITIVE OR NEGATIVE; INTENDED OR UNINTENDED), INCLUDING WHICH POPULATIONS ARE LIKELY TO BENEFIT AND WHICH ARE LIKELY TO BE HARMED:

The proposal potentially should benefit all providers/agencies serving Family Care members.

The proposal does not mandate the MCOs to provide all providers/agencies with an annual rate increase. It is generally understood that such a mandate would not be allowable under the federal CMS managed care rules. To the extent that the MCOs fail to provide rate increases, providers/agencies would face even more challenges in meeting the wage and benefit needs of their employees.

POLITICAL LANDSCAPE: Describe what groups might support the idea and what groups might oppose it.
The proposal should be supported by all providers/agencies serving Family Care members.

We expect all Family Care providers/agencies would support the greater likelihood of receiving rate increases from the MCOs.

The proposal would establish a greater budgetary obligation to adequately fund the Family Care program.

The MCOs might object to being held accountable on the use of the capitation rates and rate increases for providers.

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DESCRIBE POSSIBLE POLICY APPROACH:

Urge the Congressional Delegation to Pass Legislation Amending the Federal CNA Lock-Out Provisions:

The proposal calls on the Governor and the Wisconsin Department of Health Services (and the Division of Quality Assurance) to urge our Congressional Delegation to support federal legislation to eliminate the automatic termination of a facility's CNA training/clinical program if the facility receives a substantial civil monetary penalty (CMP) assessment.

Under current federal law, a nursing home automatically loses its ability to provide a nursing assistant training program if it is cited for deficiencies during the survey process that result in CMPs greater than $10,697. This automatic consequence may bear no relationship to the cited deficiencies. Furthermore, the prohibition is enforced for two years, and it applies to a facility's in-house training program, and if the facility serves as a clinical training site. Currently, about 50% of all Wisconsin nursing homes are impacted by this prohibition. Preventing a nursing home from training staff is a major barrier to improving quality of care, and it only exacerbates the increasing workforce challenges they face.

Since the automatic loss of training authority is statutory, advocates have been working on legislation to revise this section of the 1987 Nursing Home Reform Act. Senators Mark Warner (D-VA) and Tim Scott (R-SC) have introduced bipartisan legislation to address this problem. The Ensuring Seniors Access to Quality Care Act, S. 2993, will reinstate a nursing home's training authority when the nursing home returns to complete compliance with federal care standards. This provision is similar to the House measure, the Nursing Home Workforce Quality Act, H.R. 4468, introduced by Reps. Dwight Evans (D-PA) and Ron Estes (R-KS). The Senate bill retains the two-year suspension if the CMP resulted in immediate jeopardy for direct patient harm or injury related to an abuse or neglect deficiency and the nursing home had deficiencies related to direct patient harm in the past two years.

DESCRIBE RELATED RESEARCH AND EVIDENCE:

Under the current process, a deficient practice outside of the care and services provided by a CNA (e.g., cites related to dietary or therapy) could trigger the loss of the CNA program.

The legislation presently under consideration would still allow the termination of a CNA training program for cause. The major difference between current federal law and the proposed bills is that the loss of the training program would not be locked-in for a two-year period.

Consider:

https://www.mcknights.com/news/providers-approve-proposed-legislation-that-would-end-cna-training-lockout-increase-provider-access-to-background-check-database/: Meanwhile, Harvard professor and healthcare policy expert David Grabowski, Ph.D., called Thursday's bill a "step in the right direction," but that it's "far from sufficient." He said more needs to be done to "take on the big issues around the hiring and retention of nursing home direct care staff." "First, Medicaid is the primary payer of nursing home services. Medicaid payment rates are typically 70 – 80 [percent] of private-pay prices. These low payment rates do not allow nursing homes to hire and retain quality staff," Grabowski told *McKnight's*. "Indeed, low staffing levels and high turnover are rampant in many US nursing homes. Although many advocates are worried that nursing homes will not use additional payments for staff, some states have implemented 'wage pass through' programs that directly tie Medicaid rate increases to spending on staff," he explained. Grabowski added that "quality regulations in the nursing home sector are extensive but oversight is often inconsistent."

www.managedhealthcareconnect.com/content/rescinding-lockout-cna-education: "The rationale for and necessity of reversing this regulation—that has been in effect for more than 30 years—is significant. Having access to a workforce that is sufficiently educated and knowledgeable about the care and treatment of LTC residents is imperative for the operation of a NH. The long-standing penalty does nothing to enhance the delivery of services and, rather, undermines a prospective employee's ability to access the requisite education in the NH setting. The education of staff in the facility using a state-approved curriculum that can be offered continuously will serve to enhance the provision of care. This is one regulation that NH residents no longer need."

www.leadingage.org/sites/default/files/LeadingAge%20Issue%20Brief_Nursing%20Homes_FINAL.pdf

DESCRIBE POSSIBLE IMPACTS (POSITIVE OR NEGATIVE; INTENDED OR UNINTENDED), INCLUDING WHICH POPULATIONS ARE LIKELY TO BENEFIT AND WHICH ARE LIKELY TO BE HARMED:

Allowing facilities to continue to operate a CNA training program and/or serve as a clinical training site would create more opportunities for persons to become a certified nursing assistant and help address the LTC workforce crisis.

About one-half of Wisconsin's nursing homes would benefit by the federal legislation.

The DHS (and DQA) should be asked to comment on these bills.

POLITICAL LANDSCAPE: Describe what groups might support the idea and what groups might oppose it.

Support: Nursing facility staff (especially the Directors of Nursing and fellow CNAs), persons wishing to become a CNA and having trouble finding a nearby training/clinical site, the provider associations, and those concerned about nursing home staffing.

Opposition: Those who do not want to see any changes to the current nursing home regulatory provisions, and those who wish to see facilities punished beyond the imposition of the CMP or other enforcement actions taken by the survey agency.

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DESCRIBE POSSIBLE POLICY APPROACH:

Pass a Resolution Asking the Wisconsin Congressional Delegation to Support Immigration Policy Reform: Foreign-born workers already play a valued role in the long-term care field. More than a quarter of the current national nursing home and home care workforce is comprised of people born in other countries.

This proposal calls for the Governor and his Caregiver Task Force to formally request the Wisconsin Congressional Delegation to support federal immigration reform and policies to increase the workforce available to serve older adults and persons with a disability.

A paper published by LeadingAge (national) has proposed an immigration package referred to as: IMAGINE—International Migration of Aging and Geriatric Workers in Response to the Needs of Elders. IMAGINE's key proposals include:

1. Enact an 'H2Age" temporary guest worker program for certified nurse aides (CNA) and home care aides.
2. Expand the EB-3 visa program to allow more foreign-born direct care workers to enter the U.S.
3. Modify the EB-3 visa to increase the number of visas available specifically to address LTSS needs.
4. Modify the R-1 visa program to provide religious visas to temporary workers in faith-based organizations.
5. Enact "Carer Pairer," a new authority under the J-1 visa program, to include aging services workers in addition to childcare workers.
6. Amend the North American Free Trade Agreement (NAFTA) to include aging services workers.
7. Increase the number of refugees permitted to enter the U.S. and take steps to employ those refugees in the LTSS sector.

https://leadingage.org/sites/default/files/IMAGINE%20International%20Migration%20of%20Aging%20and%20Geriatric%20Workers_Dec2019.pdf?_ga=2.19580476.524953159.1577484457-583596220.1543250773

DESCRIBE RELATED RESEARCH AND EVIDENCE:

By 2030, America will need 2.5 million caregivers working in the field of long-term services and supports in order to meet the needs of our country's rapidly aging population. There are simply not enough American-born workers to meet current and projected future demands. Unemployment rates, currently at 3.6% nationally, are at a historic low. Unpaid family members, the traditional informal providers of care for older family members, are declining in number, due to multiple factors, ranging from lower birth rates and increased geographic mobility to women's increased participation in the workforce and changing family dynamics.

At the September 25, 2019 meeting of the Governor's Caregiver Task Force, Dennis Winters, State Economist with the Department of Workforce Development, gave a somber presentation on the Wisconsin workforce, noting that presently only about 14,100 individuals are actively looking for work (see: www.leadingagewi.org/media/76920/govcaretf.pdf). To give some perspective to that DWD statistic, a 2018 report (Workforce Crisis Report - 2018) noted there were 16,500 vacant caregiver positions *in Wisconsin long-term and residential care facilities*.

The upshot: in addition to the domestically-based solutions to the long-term care workforce crisis, immigration must be part of the answer.

RECOMMENDATIONS CONTAINED IN THE IMAGINE FRAMEWORK (Excerpt from the IMAGINE paper):

1. Enact the "H2Age" Temporary Guest Worker Program.

LeadingAge proposes the creation of a time-limited guest worker program that would allow qualified, English-speaking, foreign-born individuals to enter the U.S. to work in LTSS positions that cannot be filled by native-born workers. These positions include home care aides, CNAs, dietary aides, and housekeeping technicians.
Today's explosive globalization makes reliance on and competition for guest workers a worldwide phenomenon. The U.S. already has authorities in place that allow employers to hire temporary workers in the fields of agriculture and hospitality when it can be demonstrated that there are not enough U.S. workers to fill labor gaps.
H2Age would address the need for LTSS services directly. Under the program, aging services providers meeting specific criteria would be allowed to hire foreign-born workers to fill a set of positions designated as "H2Age Eldercare Providers." Workers would be admitted to the country for a fixed, three-year period, which could be renewed one time, for a total of six years. Workers would be guaranteed wages and benefits comparable to domestic workers in the same positions.
Employers would cover transportation and other costs related to bringing temporary H2Age workers on board. If the worker left the employer, that worker would have to return to his or her home country, consistent with temporary worker authorities in other countries.

2. Expand the EB-3 program to allow foreign-born workers to enter the U.S. as CNAs.

The EB-3 program, which is designed for professional workers, allows RNs to enter the U.S. to work in health care settings, including LTSS. There is a very small number of "other" slots that could be used to allow in CNAs to enter the U.S. through the EB-3 program. LeadingAge urges Congress and the Executive Branch to recognize the professional status of all LTSS workers who serve older individuals. We encourage the government to carve out an explicit category under EB-3 for workers who would be allowed to fill CNA and other professional caregiver positions in assisted living, home care, hospice, and home health settings.

3. Modify the EB-3 program to designate LTSS nurses specifically. Streamline the process and increase the number of visas available to address the need for LTSS.

LeadingAge supports improvements in the EB-3 program to address the need for more nurses, reduce the time involved in bringing nurses to the U.S., and increase quotas for foreign-born LTSS nurses. Some of these improvements can be implemented without

legislation, but statutory requirements are more likely to ensure program changes. Such legislation might identify certain aging services jobs as "shortage occupations," thus giving foreign-born nurses a faster track to a green card.
It should be noted that the current EB-3 process for nurses requires steps that are not required of other professions, adding time and costs. We urge Congress to remove these extra steps.

4. Modify the R-1 program to cover temporary workers in provider organizations that are religiously affiliated.

LeadingAge supports amending or interpreting the definition of "religious occupation" so it includes aging services provided by qualifying U.S. employers. We support expanding the definition of "denominational membership" to include aging services settings more broadly.

5. Enact "Carer Pairer," a new J-1 authority, to include aging services workers in addition to childcare workers.

The J-1 Exchange visa category allows temporary workers to enter the U.S. to provide child care in a family or professional setting. These individuals, often serving as au pairs, must be secondary school graduates who are proficient in English, aged 18-26, and capable of providing childcare.
The new "Carer Pairer" program would be modeled on the au pair program and would be focused on workers who provide aging services.

The rationale for updating the J-1 program to include aging services is tied directly to demographics: the number of people over age 65 is growing at a far greater rate than the number of people under age 18. Consider that eight states now have more residents over age 65 than residents under age 18. The entire U.S. population will experience this aging trend in 2035 as the over-65 populations continues to grow while birth rates decline.

6. Amend NAFTA, or its replacement, to include aging services workers explicitly.

The North American Free Trade Agreement (NAFTA) and the U.S.-Mexico-Canada Agreement, NAFTA's unratified potential replacement, include authorities allowing individuals from Canada or Mexico to enter the U.S. temporarily to engage in certain professional business activities, including nursing. The authority lasts up to three years and can be renewed. LeadingAge proposes that Congress add "aging services professionals" as a standalone classification of allowable workers under NAFTA.

7. Increase the number of refugees permitted to enter the U.S., and make program adjustments to engage these individuals in LTSS jobs.

LeadingAge supports an increase in the refugee cap to create a greater pool of U.S. workers. Such an increase would benefit aging services and other sectors in which refugees are employed. This increase could be accomplished through executive action, but legislative action would be preferable for long-term sustainability.

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Espinoza, R. (2017). Immigrants and the Direct Care Workforce. PHI: Bronx, NY.

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The Long-Term Care Workforce: Overview and Strategies to Adapt Supply to a Growing Demand. OECD Health Working Papers.
Global Ageing Network and LeadingAge LTSS Center @UMass Boston. (2018).
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The Migrant Direct Care Workforce: An International Perspective.
Generations, 40(1), 99-105

DESCRIBE POSSIBLE IMPACTS (POSITIVE OR NEGATIVE; INTENDED OR UNINTENDED), INCLUDING WHICH POPULATIONS ARE LIKELY TO BENEFIT AND WHICH ARE LIKELY TO BE HARMED:

Positive: Long-term care provider organizations would benefit from proposals that would increase the pool of available workers to serve persons in need of care and services.

Negative: Communities need to be open and accepting of persons from foreign countries coming to the U.S. to make a better life for themselves and fill a critical workforce need.

POLITICAL LANDSCAPE: Describe what groups might support the idea and what groups might oppose it.

Groups concerned about the lack of LTC workers should support this proposal.

Opposition will mount if the “screening process” is not robust for persons legally entering our country. Obviously, immigration reform is a hot-button item for some people.

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DESCRIBE POSSIBLE POLICY APPROACH:

Address CNA Training Issues (Governor's directive per his veto of AB 76):

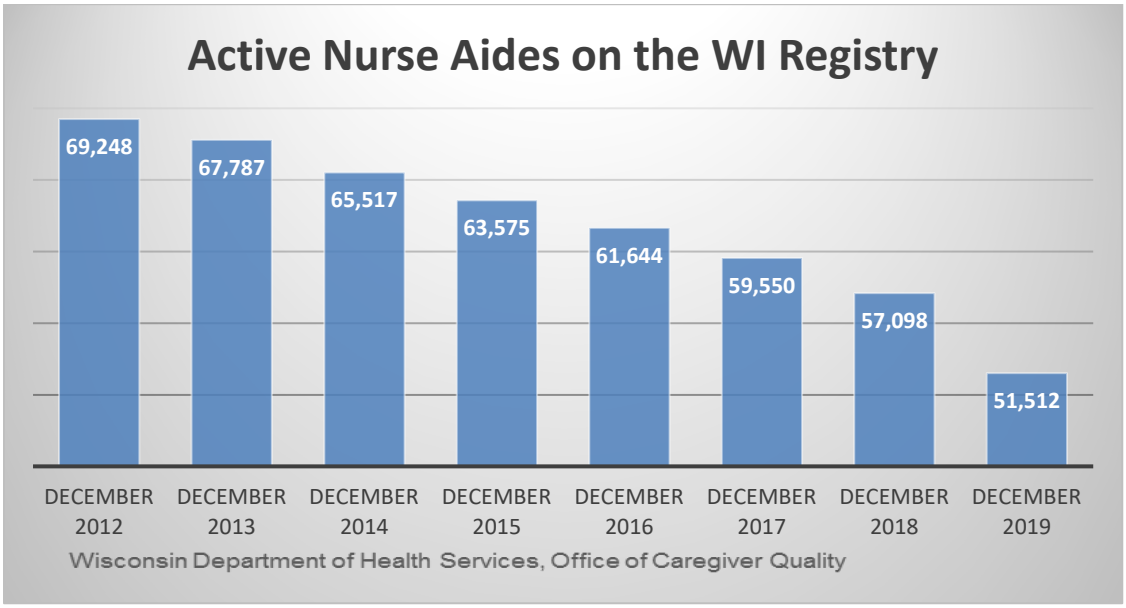
Assembly Bill 76 would have aligned the Wisconsin CNA training standard with federal law which establishes a minimum requirement of 75 hours of instructional training to become certified as a CNA. Wisconsin has a minimum training standard of 120 hours. In his AB 76 veto message, the Governor said,

"I am vetoing this bill in its entirety because I object to providing less training for those who care for our state's most vulnerable citizens. Research has shown that higher training standards result in better outcomes for patients, lower staff turnover, and higher job satisfaction. There are better ways to address the shortage of nurse aides than reducing the quality of training programs. That is why I directed the Governor's Task Force on Caregiving with developing strategies to attract and retain a strong direct care workforce."

The proposal is for DHS/DQA to help identify ways in which caregivers could be awarded credit for their past long-term care experiences as counting toward meeting the 120-hour CNA training requirement. Further, efforts should be undertaken to determine if more helpful reciprocity agreements could be entered into with other States (i.e., Minnesota, Iowa and Michigan) such that persons serving as CNAs in other States could be allowed to serve as CNAs in Wisconsin (beyond the current allowances).

DESCRIBE RELATED RESEARCH AND EVIDENCE:

The State of Wisconsin is facing a long-term care workforce crisis. The graph below shows the dramatic decrease in the number of registered CNAs:



Status quo is not helpful and innovative workforce solutions must be explored.

To that end, more research is needed to identify:

* Options to enable persons serving as residential aides or personal care workers, for example, to receive credit toward meeting the 120-hour training requirement.
* Options to streamline and expand CNA reciprocity agreements with other States.
* Options to determine if on-the-job training/clinical time could count toward meeting the 120-hour training requirement, particularly for persons that have successfully completed a training and testing program from a State with a 75-hour training requirement.
* Options that more extensively rely on on-line programs to meet the non-clinical classroom training requirements.
* Other options that might enable persons to become a CNA based on documented competencies, clinical experiences, and additional on-the-job training that is provided subsequent to passing the CNA skills and demonstration tests.

DESCRIBE POSSIBLE IMPACTS (POSITIVE OR NEGATIVE; INTENDED OR UNINTENDED), INCLUDING WHICH POPULATIONS ARE LIKELY TO BENEFIT AND WHICH ARE LIKELY TO BE HARMED:

It is possible a review by DHS/DQA, with input from other interested stakeholders, could identify appropriate options to the current CNA training and testing processes, thereby bringing more caregivers in the long-term care system.

POLITICAL LANDSCAPE: Describe what groups might support the idea and what groups might oppose it.

Those who rely on caregivers to meet their long-term care and services needs should welcome steps to increase the number of available CNAs.
The debate over, and subsequent veto, of AB 76 is evidence that changes to the CNA training requirements could face further opposition.

GOVERNOR'S TASK FORCE ON CAREGIVING

Individual Assignment – Direct Care Workforce Workgroup

Due to Faith Russell by Close of Business on Tuesday, January 7, 2020

Please reference the "Homework Instructions" sent December 17, 2019

NAME: John Sauer, LeadingAge Wisconsin

TOPIC AREA – ***Select one***:

☒ Ensure standardized rate/Medicaid increases (intentional, transparent, worker-directed, market-indexed, increased parity, etc.)

☐ Develop strategies targeting pools of untapped workers

☐ Streamline regulation/compliance (including documentation requirements, background checks) + OIG audit

☐ Increase benefits (including health benefits, retirement, merit-based increases + rewards for longevity)

☐ Develop statewide, competencies-based training through DWD in partnership with college systems (portable, tied to increases in wages/recognition, inclusive of people receiving care) (could be funded through grants)

DESCRIBE POSSIBLE POLICY APPROACH:

Provide that Medicaid/Family Care program, as part of the State Biennial Budget process, be required to issue a **Medicaid/Family Care Workforce Impact Statement** on the impact the funding levels recommended by the Governor and subsequently passed by the Joint Finance Committee and the full Legislature, will have on: (1) The ability of long-term care providers to attract and retain the workforce necessary to meet needs of older adults and persons with a disability; and (2) the funding amounts that are directly or implicitly allocated so that providers will have the financial resources required to fund their workforce.

DESCRIBE RELATED RESEARCH AND EVIDENCE:

It is well understood that Medicaid/Family Care reimbursement rates directly impact the ability of providers to pay for employee wages and benefits.

DESCRIBE POSSIBLE IMPACTS (POSITIVE OR NEGATIVE; INTENDED OR UNINTENDED), INCLUDING WHICH POPULATIONS ARE LIKELY TO BENEFIT AND WHICH ARE LIKELY TO BE HARMED:

The above proposal would require the Medicaid program to issue a Medicaid/Family Care *Workforce Impact Statement* during each stage of the State Budget process. In the past, Medicaid/Family Care budget simply represented the amount made available within the overall State Budget; the amount rarely reflected a statement regarding the dollars necessary to adequately fund the long-term care workforce. For example, until very recently, the proposed budget for Family Care was shown as an aggregated amount, with very little hint as to the amount that might be available to fund provider (workforce) rate increases. The detailed budgeted amounts for the Family Care capitation rates and projected provider cost increases were rarely highlighted or known. Similarly, for nursing homes, the State Budget would establish an overall budget for nursing homes, and only after passage of the budget would the impact on the direct care or support services cost centers be assessed. In each instance, the amounts budgeted rarely were tied to the actual cost of care or reflected the projected cost of future wage/benefit increases.

Requiring a Workforce Impact Statement would build more intentionality in building the Medicaid/Family Care budget and the impact on the long-term care workforce.

POLITICAL LANDSCAPE: Describe what groups might support the idea and what groups might oppose it.

All Medicaid/Family Care providers facing workforce challenges would very much appreciate more intentionality in the budgeting process.

Requiring a Workforce Impact Statement would create greater expectations that public officials would build a Medicaid/Family Care budget that addresses the long-term care workforce crisis (at a cost to the State's general fund).

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DESCRIBE POSSIBLE POLICY APPROACH:

Continue and Expand the WisCaregiver Career Program:

Recently, Centers for Medicare and Medicaid Services (CMS) denied the use of CMP dollars to renew the Wisconsin WisCaregiver Career Program (https://www.dhs.wisconsin.gov/caregiver-career/index.htm). This program funds CNA scholarships to persons seeking to become a CNA in a Wisconsin nursing home. The Wisconsin WisCaregiver Career Program was approved by CMS approximately 3 years ago but now that WI DHS wishes to extend and add more CMP dollars to the program, CMS has denied a WI DHS application to do so. This comes despite the unprecedented workforce crisis confronting our providers throughout the State; Wisconsin has a 23% caregiver position vacancy rate.

The program has sparked the interest of over 9,000 individuals in becoming a caregiver, nearly 2,200 of whom have successfully completed the CNA training program.

The proposal is twofold:

* Urge the Governor and DHS to seek the assistance of the Wisconsin Congressional Delegation in requesting CMS reconsider and approve the continuation of the WisCaregiver Career Program; and

* Should CMS again reject efforts to continue the WisCaregiver Career Program, further modify the CMP grant application to ensure related important public awareness campaign and caregiver outreach efforts are continued and other non-CMP funded grants are available to fund CNA scholarships.

DESCRIBE RELATED RESEARCH AND EVIDENCE:

The WisCaregiver Career program is widely supported by the WI DHS and SA (DQA), the State Ombudsman, the UW School of Nursing, Advocates and, of course, the provider community. The DHS renewal application was reviewed and approved by the WI DHS Quality Assurance and Improvement Committee (QAIC) (see: https://www.dhs.wisconsin.gov/regulations/qai/introduction.htm and https://www.dhs.wisconsin.gov/regulations/qai/members.htm).

CMS has rejected the DHS application to continue and expand the WisCaregiver Career Program: **CMS Denies WisCaregiver Program Continuation**. CMS recently contracted out the CMP application review process to Deloitte Consulting and many suspect the contractor was responsible for this denial.

While other States stockpile CMP funds, Wisconsin has chosen to tackle our LTC system's number one challenge-- finding caregivers.

Over 15 States (and one entity in Canada) have expressed interest in replicating the WisCaregiver Career Program.

Consider:

As of November 30, 2019, there are:
9,010 registered for WisCaregiver Careers
3,212 students enrolled in training
2,171 successfully completed training
1,995 completed testing
770 employed at WI nursing home
872 successfully tested but not employed*
* This is according to our reports however, the majority of these are employed but no employment record has been entered into the tracking system. (DHS)

WisCaregiver Careers Program was highlighted in Governor's Proclamation for Nursing Assistant week -June 13-20, 2019.

Participating Training Entities and Nursing Homes:
13 technical colleges with approved nurse aide training programs (NATPs)
10 private NATPs
17 nursing homes with NATPs
310 nursing home participants

More DHS information on the success of this program can be found at: **WisCaregiver Program Update**

Here is a DHS video trumpeting the benefits of the WisCaregiver Career Program:
https://www.youtube.com/embed/8mo5oSXATjg?_sm_au_=inVk314vwWTn11jHBLQtvK7BJGKjp

DESCRIBE POSSIBLE IMPACTS (POSITIVE OR NEGATIVE; INTENDED OR UNINTENDED), INCLUDING WHICH POPULATIONS ARE LIKELY TO BENEFIT AND WHICH ARE LIKELY TO BE HARMED:

As noted above, the WisCaregiver Career Program enjoys wide support.

Because the program has been funded by CMP dollars, federal regulations require the funds to be targeted to improve the quality of care and services for nursing home residents. However, attracting more individuals to serve as nursing home CNAs helps build a stronger workforce, with widespread current and future beneficial results.

POLITICAL LANDSCAPE: Describe what groups might support the idea and what groups might oppose it.

See above.

GOVERNOR'S TASK FORCE ON CAREGIVING

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DESCRIBE POSSIBLE POLICY APPROACH:

Medicaid Nursing Home Labor Regions: Adjust all Medicaid nursing home labor regions so that no region falls below the statewide factor of 1.0 and achieve this policy without a redistribution of funds (i.e., without creating winners and losers). It is estimated that this policy would cost no more than $4.0 million GPR annually (to be verified by DHS). Since investments in the Direct Care-Nursing Cost Center within the DHS Medicaid nursing home payment formula are "cost-based," these dollars would be available to facilities to fund actual costs associated with direct care/CNAs, RNs, and LPNs. Using the statewide labor region factor as the "floor" payment would help rural facilities pay caregivers a more competitive wage and address the overall challenges facing these providers.

DESCRIBE RELATED RESEARCH AND EVIDENCE:

Background information on labor regions from 2018 can be accessed at:
http://www.leadingagewi.org/media/68501/labor-region-handout.pdf

In 2017 the State of Minnesota created a single labor region factor based on the direct care costs from seven metro counties (Twin Cities area). Doing so, provided significant financial assistance to non-Metro facilities.
https://www.house.leg.state.mn.us/comm/docs/324f64d1-fcba-48a6-971a-ec8acf6ca6c8.pdf (See: Sec. 18. [256R.23] TOTAL CARE-RELATED PAYMENT RATES… Subd. 4. Determination of the median total care-related cost per day. The commissioner must determine the median total care-related cost per day using the cost reports from nursing facilities in Anoka, Carver, Dakota, Hennepin, Ramsey, Scott, and Washington Counties.)

On average, Minnesota CNAs are paid approximately $2.00/hour more than CNAs working in Wisconsin:
https://www.findcnaclasses.com/cna-salary/and https://www.house.leg.state.mn.us/comm/docs/324f64d1-fcba-48a6-971a-ec8acf6ca6c8.pdf.

https://www.house.leg.state.mn.us/comm/docs/324f64d1-fcba-48a6-971a-ec8acf6ca6c8.pdf
Nursing facility rates differ across 50 case mix levels, which reflect differences in care needs. The Minnesota statewide weighted average nursing facility daily rate was $261.11 as of Jan. 1, 2019.

CONTACT Nursing Facility Policy Center at: (651) 431-2282; (651) 431-7415 (fax) Nursing Facility Rates and Policy (NFRP) Division Minnesota Department of Human Services (DHS) PO Box 64973 St. Paul, MN 55164-0973

DESCRIBE POSSIBLE IMPACTS (POSITIVE OR NEGATIVE; INTENDED OR UNINTENDED), INCLUDING WHICH POPULATIONS ARE LIKELY TO BENEFIT AND WHICH ARE LIKELY TO BE HARMED:

Non-Urban SNFs will benefit from this labor region proposal.

If the entire Wisconsin nursing home payment formula is not improved, some more urban facilities will ask that additional dollars slated for rural facilities should instead be allocated to improve the overall payment rate.

POLITICAL LANDSCAPE: Describe what groups might support the idea and what groups might oppose it.

See above.