



P.O. Box 7222, Madison, Wisconsin 53707

Survival Coalition Caregiver Task Force Recommendations

Charge: Analyzing strategies to attract and retain direct care workers

- Include a paid training and career advancement path for workers serving long-term care waiver participants to develop and practice additional skills needed to support high acuity participants and include a tiered rate structure to provide enhanced wages for workers serving individuals or populations with higher health care and support needs.
- Survival Coalition recommends training and “network adequacy” quality measures for Family Care, IRIS and Children’s Long-Term Support. These measures would uncover the current and future growth of workforce needs and would capture the impact of unmet care needs as a result of the workforce shortage. This data would be helpful to address any health and safety concerns and capture preventable costs associated with hospitalizations, ER visits, nursing home and other facility based costs when community / in-home services are not available.

Charge: Supporting family caregivers through respite and other supports

- Add a Family Care and IRIS service definition to provide caregiver training for unpaid caregivers. Training services should reflect evidence-based practices to meet main caregiver needs and to reduce burnout.¹
- As a part of future planning and annual care plan review, evaluate the level of natural supports being provided by family or other unpaid caregivers for Family Care and IRIS participants, and

¹ Family Support Promising Practices (University of Illinois-Chicago; National Council on Aging): <http://fsrtc.ahslabs.uic.edu/wp-content/uploads/sites/9/2017/11/Family-Support-Promising-Practices-Report-Final-11.30.17.pdf>)

provide a pathway to transition to paid caregiving staff as life circumstances, physical ability, and willingness to provide high volumes of care evolves.

- Include or revise caregiver and consumer education services to be inclusive of evidence-based peer-led support interventions. Training services for unpaid caregivers should be updated to reflect support for evidence-based practices to meet main caregiver needs and to reduce burnout.²
- Include mechanisms for both providers and family care/IRIS participants to report and document services that have not been rendered or that have been performed by family members when professional service providers have been unable to provide services authorized in the individual's care plan³.
- Include ability for providers and family care participants to report and document services that have been delivered incompletely, late, or with personnel filling in for the individual's regular staff⁴.
- Include a mechanism for IRIS participants to report and document services authorized in the individual's care plan that have not been rendered because the participant has been unable to hire a provider or worker. Survival Coalition is concerned that authorized hours that are unused in care plans are assumed to be unnecessary when in fact is it a reflection of a lack of capacity and may be resulting in care needs that are going unmet.
- When individual care plans identify natural supports, the waiver should include a cyclical re-examination of the capacity, capability, and continued willingness of individuals to provide natural supports. As family caregivers age or their life situations change, there may be a need for Family Care or IRIS participants to rebalance the amount of natural and paid supports identified in their plans. This should be considered a component of the robust evidence-based futures planning service definition that Survival Coalition recommended.

² Family Support Promising Practices (University of Illinois-Chicago; National Council on Aging): <http://fsrtc.ahslabs.uic.edu/wp-content/uploads/sites/9/2017/11/Family-Support-Promising-Practices-Report-Final-11.30.17.pdf>)

³ Survival Coalition members hear from individuals and advocates that there is often a difference between the needs identified in care plans and the amount of services actually rendered. Survival Coalition is concerned that authorized hours that are unused in care plans are assumed to be unnecessary when in fact is it a reflection of a lack of capacity and does not capture what is happening to fill in gaps in paid care (family members stepping in, or gaps are not able to be filled and care needs are going unmet). Clear statewide data is necessary to reflect actual need and make more accurate actuarial projections that reflect the true costs of services that must be covered within the capitated rate.

⁴ Survival Coalition members consistently hear from individuals that services—especially personal cares—are delivered late or with staff that has not worked with the individual before. Late services can result in missed medical appointments, declines in health conditions, missed employment and other opportunities that facilitate independent living in the least restrictive environment possible. Statewide data is needed to quantify the number of times providers are filling shifts in “crises” mode and are unable to have enough staff to deliver services as scheduled; Survival Coalition sees this as indicators of a lack of capacity.

- Include requirements for cyclical review of data by the LTC Advisory and IRIS Advisory Committee of participant reporting of services delivered late or not rendered, complaints made to the Ombudsman and advocates to identify gaps, and opportunities to develop innovative approaches to improve provider capacity and outcomes.

Charge: accessing compensation & fringe benefits for caregivers (incl. health care)

- Include a tiered rate structure in Family Care to provide enhanced wages for workers in areas with provider shortages. Geographic area served, ratio of available paid caregivers to Family Care participants, and volume of caregiving provided by family or unpaid caregivers, are metrics that could be used to identify provider shortage areas.
- Include a mechanism within the Family Care rate setting formula to adjust direct care worker pay rates upward in counties adjacent to borders of other states (Iowa, Minnesota, Illinois, Michigan) so Wisconsin direct care worker rates are competitive with the rates in adjacent states.
- Use rate bands to create a career and pay progression pathway for workers that rewards completion of certifications and other forms of additional skills training, length and depth of experience, care of high acuity participants, and progression into supervisory duties.
- Establish a Medicaid reimbursement rate for transportation costs associated with personal care workers commuting to client homes. These costs should at minimum include gas, millage, and public transit system fares⁵.
- The waiver should include mechanisms that incentivize provider agencies—through an enhanced rate—to provide their HCBS workers with fleet vehicles. The waiver could include reimbursement to provider agencies for the depreciation, mileage, gas, and maintenance of fleet vehicles.⁶
- Issue guidance or memos to home care and personal care provider agencies that outlines how low-income caregivers may be able to access health care coverage through BadgerCare⁷.

⁵ Currently, the workforce is only reimbursed for travel time and not mileage. Travel time reimbursement often does not cover the cost of gas and wear and tear on the vehicle.

⁶ For low income workers, the costs of maintaining a vehicle, repairing a vehicle, or saving enough to acquire a vehicle may be difficult or insurmountable. The lack of reliable transportation is a factor in the caregiver crisis. The ability for workers to have access to a employer's fleet vehicle would remove commuter costs from the worker entirely as well as the instability caused by an unreliable vehicle.

⁷ Many provider agencies do not provide benefits; lack of benefits is one reason workers leave the profession. The value of the health care coverage provided in BadgerCare could be significant to many workers and could act as a retention incentive. According to PHI, ~30% Wisconsin's paid caregiving workforce is already in BadgerCare. As the number of caregivers in BadgerCare increases, the case for expanding Medicaid to 138% FPL—a position Survival has consistently supported—and allowing these workers to work more hours and earn more becomes more compelling.

- Create a mechanism to allow rates to be adjusted upward in areas that have 1) higher volume of needs for direct care services 2) have higher populations of underserved individuals 3) have individuals who's authorized hours are unfilled by professional service providers or are being performed by family members
- Establish a tiered rate structure—as the Children's Long-Term Supports and Services waiver does—that includes criterion that enables IRIS participants to provide enhanced wages for workers. Criterion that makes workers eligible for an enhanced rate should include (but not be limited to):
 - IRIS participant has a higher level of health care and support needs. Participants who need consistent and continual daily supports from workers should be assured that they can offer competitive pay to recruit enough workers as an individual participant needs or requires.
 - IRIS participant needs more specialized services, or services that require advanced knowledge or training. IRIS participants should be able to compensate workers who have more training, certification, and service delivery experience.
 - IRIS participant lives within an area with a workforce shortage.
 - IRIS participant lives in a location where workers have to invest significant time and distance to commute to the participant's home. Currently, there is no mechanism to compensate workers for the time they spend getting to or from their participant's residence or other site of service⁸, which puts rural IRIS participants at a disadvantage when recruiting staff.
- Establish a mechanism to allow IRIS participants to be able to pass on increased wages/bonuses to direct care workers and personal care workers, so there is parity between the IRIS and Family Care waiver programs. Survival recommends increasing the wage range, and changing the budget calculation methodology to fund the same amount and hours of services at a more realistic and competitive wage. Survival suggests DHS explore using labor data and other information to ensure that direct care and personal care wages reflect the average wages for comparable roles in a given area.

⁸ The nature of providing individualized services often within the participant's home means that workers are traveling between multiple job sites and the costs of doing so are not reimbursed to the worker resulting in high travel costs coming out of worker's already low salaries. These costs are increased as the time/distance between decentralized work sites increases.

Charge: registries of home care providers and referral or matching services

- Establish a statewide contract with a proven interface⁹ used by all MCOs that enables LTC participants to match their needs with available workers, schedule support, and track hours¹⁰.

Charge: recruitment and retention programs to expand pool of providers

Charge: other solutions to support/strengthen workforce, increase access, improve quality

- Modify the “imminent risk of institutionalization” definition within the Family Care waiver to recognize the growing number of participants who meet nursing home level of care, and whose ability to live and work independently in the community is at risk without adequate HCBS services and supports.
- Modify background check requirements to ensure qualified workers are not being excluded from the workforce based on minor infractions
- Modify background check requirements to ensure qualified workers are not being excluded from the workforce based on minor infractions.
 - Ensure requirements for IRIS are not more stringent than they are for workers in Family Care/PACE/Partnership. Survival Coalition recommends that DHS develop criteria for the IRIS participant to waive background check requirements under certain conditions. This should be an individualized exceptions process that recognizes special circumstances.
- Add service definition to provide training for Family Care and IRIS participants on establishing boundaries, employer/employee expectations, interpersonal communication skills, conflict-management skills, and maintaining positive relationships with HCBS service workers.

“Replacement of aging buses and other transit vehicles is a critical need and capital expenses can be difficult for local governments to outlay without assistance. This is an important investment to update essential public transit services,” Pugh said. “Accessibility features and improvements may be available on newer generation models; continuing to use older fleets delays these improvements for older adult and disabled riders.”

⁹ My Support (<http://www.mysupport.com/>) is an example of a platform currently operating in multiple states.

¹⁰ Applications have been developed that match participants and workers by via profile information (care needed, geography, availability), enable participants to self-direct and hire workers that fit their needs and personality, enable personal care agencies and workers to track hours to prevent incurring overtime expenses, and enable provider agencies and managed care organizations to reduce administrative overhead while tracking workflow and billable Medicaid expenses. Adequate rates would allow for providers to invest in technology to more efficiently schedule workers, provide visit verification to prevent and detect fraud, and automate billing and payroll functions that would create a timesheet to be easier for personal care workers to complete and reportable to the state.

JFC also approved a \$250K increase per year to the Employment Transportation Program (WETAP).

“The WETAP program provides critical assistance to help low income workers commute to jobs, and for mobility management that can help coordinate transportation for older adults, people with disabilities, and individuals with lower incomes,” said Beth Swedeen, Survival Co-Chair.