

# Survival Coalition Public Comments to the Governor's Caregiver Task Force

Survival Coalition is pleased that the Governor's Caregiver task force is starting to put together recommendations on many suggestions offered by Survival Coalition, our comments are intended to offer both guidance and in some places a bit more specificity.

## Public Comment on Family Caregiving

Survival Coalition supports the **Family Medical Leave Act**, **Wisconsin Credit for Caring**, and **Care Act** proposals as drafted.

Survival Coalition supports **ADRC reinvestment** to ensure caregiver supports are available to people of all ages, including family caregivers younger than 60 whose loved ones are in Family Care, IRIS, or CLTS. Many family caregivers are providing significant resources and personal labor to fill in the caregiving gaps the best they can, but this is not sustainable. About 75% of adults with I/DD live at home, with parents and, later in life, their siblings.

Aging and Disability Resource Centers (ADRCs) play an important role in the HCBS long-term care system by providing unbiased options counseling and access to information, resources and supports that help caregivers continue to support their loved ones in homes and communities for as long as they are able. These services are available to the general public, not just those who qualify for publicly supported long term care. By connecting people with services early, they often delay the time people need to access Medicaid-funded services.

Family Caregivers provide many LTC participants with a wide variety of natural supports that require time, special skills, and physical labor. Survival Coalition supports the **Family Caregiver Assessment** proposal. As a part of future planning and annual care plan review, evaluating the level of natural supports being provided by family or other unpaid caregivers for Family Care and IRIS participants, and providing a pathway to transition to paid caregiving staff as family caregiver's life circumstances, physical ability, and willingness to provide high volumes of care evolves.

## Public Comment on Rates Proposals

Survival Coalition supports the **Medicaid Loss ratio** and **Direct Care Worker fund** proposals as drafted.

Survival Coalition supports the use of **Rates Bands** to give employers more flexibility on employee pay ranges and a mechanism to create career advancement and pay increase opportunities. It's important a wide array of stakeholders is involved in the rate setting process from the beginning to avoid missteps.

Survival Coalition recommends DHS include the following in the development of rate bands:



- Include a paid training and career advancement path for workers 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.
- Include a tiered rate structure 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 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.

The **Nursing Home and Personal Care Payment Reform proposal** addresses rate increases nursing homes and a subset of workers (Personal Care ) who may provide services for people in the Home and Community Based (HCBS) waiver programs (Family Care and IRIS). This proposal does not appear to be inclusive of all direct care workers providing HCBS services, which include Home Health Aides, Nursing Aides, Orderlies, Attendants, Therapy Aides, Job Coaches, Peer Mentors and Respite Workers. Survival Coalition is concerned about this proposal's costs and implications for other Medicaid-funded services. The desire and ability for people to remain in their homes and in their community should not be undermined by disproportionate investment in institutional settings which may create greater instability and crisis in the HCBS workforce. Workers in HCBS settings must be equally treated and supported. Survival Coalition has supported actuarial assessments and payments that reflect the actual cost of Home and Community Based Services.

## Public Comment on Benefits Proposals

Survival Coalition appreciates the Task Force's attention to improving worker benefits as a strategy to attract and retain qualified workers. A robust benefit package adds tremendous value to the job and can offset the deterrent of low fixed wages.

Both proposals before the task force focus on extending health care coverage to workers, a critically important benefit. We provide comments on each of these proposals below, but we also wish to comment on critical elements of benefit packages that are missing from the Task Force proposals.

- **Paid sick leave.** Allowing workers to stay home when sick without losing income makes sense, especially as this workforce interacts with many older adults and people with disabilities who may be particularly vulnerable to infections because of underlying conditions. Paid sick leave

adds value to the job for the worker, but it should also be viewed as an infection prevention strategy that improves Medicaid participants health and safety by the state.

- **Overtime or Hazard pay.** Due to high turnover, workers may have to cover shifts and clients in addition to their routine clients. Clients that have conditions that could infect workers or who need workers with specific training for more intense procedures should be factored into worker compensation.
- **Commuter or transportation benefits.** Direct Care workers in Family Care and IRIS commute to client homes, often in their personal vehicle. Many potential workers are unable to take direct care jobs that require commuting between client homes because they do not have access to public transit or cannot afford to own or maintain a personal vehicle. Commuter benefits could cover mileage and wear and tear on personal vehicles, public transit passes, or enable provider agencies to maintain a fleet of vehicles for worker use.
- **Dependent Care.** Many workers are balancing caring for young children or other family members while trying to work; day care and other paid care for dependents is a limiting factor in the number of hours and even whether an employee can afford to go to work. Offering employees IRS tax credits and benefits to offset those costs is an important employee retention strategy.
- **Retirement.** Retirement plans are especially important for workers in industries where wages are low and flat. Allowing workers to participate in a pension plan or retirement fund adds value and encourages workers to remain in the caregiving workforce long term.

Survival Coalition recommends the Task Force develop recommendations that comprehensively address all the areas identified above in addition to health care benefits.

Survival Coalition strongly supports the **earnings disregard** proposal, which would allow workers to work and earn more and still qualify for Medicaid health insurance. This is a smart and strategic way to directly connect provision of long-term care services to a corresponding health care coverage benefit. This proposal incentivizes and rewards workers who are contributing more care and services to Medicaid long term care participants.

Survival Coalitions also finds that increasing the income level allowable under BadgerCare would extend health care coverage to more workers, and would enable workers who are already in BadgerCare to work and earn more. Twenty-nine percent (about 29,000) direct care workers are already in BadgerCare, meaning they must earn less than 100% of the federal poverty level (FPL). **Expanding BadgerCare** to cover people up to 138% means single workers could earn almost \$4800 more and work up to 457 more hours annually (or an extra shift per week). This could literally result in millions of additional hours of caregiving capacity for people with disabilities and aging adults. Increasing the income threshold to 138% FPL would also make an additional 8,000 care workers eligible for BadgerCare.



## Public Comment on Untapped Workforce Proposals

Survival Coalition agrees that **Background Check Policies** should be modified to ensure qualified workers are not being excluded from the workforce based on minor infractions

Survival Coalition is unclear what the guaranteed positive direct impact of the proposed **Regulation and compliance changes** would be on direct care workers. Any changes must be considered from perspective of protecting the health, safety, and rights of the older adults and people with disabilities who are in HCBS waiver programs or live in a regulated facility. Wisconsin should not make changes that result in loosened oversight without accountability. Any changes must benefit participants, workers, and the overall Medicaid system.

## Public Comment on Home Care Provider Registry

Survival Coalition agrees that a participant-oriented interface that allows long-term care participants to search for workers is needed.

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.

Survival Coalition recommends DHS establish a statewide contract with a proven interface used by all MCOs that enables LTC participants to match their needs with available workers, schedule support, and track hours.

Sincerely,

Survival Co-Chairs:

Beth Swedeen, [beth.swedeen@wisconsin.gov](mailto:beth.swedeen@wisconsin.gov); (608) 266-1166;

Kristin M. Kerschensteiner, [kitk@drwi.org](mailto:kitk@drwi.org); (608) 267-0214;

Lisa Pugh, [pugh@thearc.org](mailto:pugh@thearc.org); (608) 422-4250