

OPEN MEETING MINUTES

Name of Governmental Body: Wisconsin Long Term Care Advisory Council (WLTCAC)			Attending: Alyce Knowlton-Jablonski, Christine Witt, Don Wigington, Elsa Diaz Bautista, Jason Glozier, Jennifer Jako, Jenny Price, Jessica Trudell, Jill Jacklitz, Joel Gouker, Julie Strenn, Karina Chelsky, Kevin Fech, LaVerne Jaros, Linda Rodriguez, Lonnelle Campbell, Mike Pochowski, Raj Shukla, Tina Anderson
Date: 9/8/2026	Time Started: 9:33am	Time Ended: 11:51am	
Location: Virtual Zoom Meeting			Presiding Officer: Julie Strenn
Minutes			

Members absent: Karina Chelsky, Elsa Diaz Bautista, Mike Pochowski, Don Wigington, Chris Witt

DHS Staff present: Brenda Bauer, Alicia Boehme, Vaughn Brandt, Jason Cram, Carrie Molke, Helen Sampson, Nicole Schneider, Joyce Vue

Meeting Call to Order – Julie Strenn

- The meeting was called to order at 9:33 am
- Introduced members
- Reviewed agenda
- Minutes from July 2026 meeting
 - Members were to review minutes before the meeting
 - Motion to approve by La Verne J. Seconded by Alyce K.
 - None Abstain.
 - Minutes approved.

General Updates for the Long Term Care Advisory Council – Carrie Molke, Nicole Schneider, Alicia Boehme

- Wisconsin Aging, Disability and Independent Living Network (ADILN) Conference
 - September 21 – 23, 2026
 - Kalahari Resorts & Conferences, Wisconsin Dells
 - Web link for more information: <https://www.uwgb.edu/adiln/>
- Summit 2026: The Movement to Reframe Aging
 - September 16, 2026, 9am – 3:30pm ET
 - Live stream link: <https://www.reframingaging.org/Events/Summit-2026-The-Movement-to-Reframe-Aging>
- General Updates
 - DMS working on family care contracts; thank you for providing feedback; contracts will be sent out around October 1.
 - We have a budget deficit of \$360 million; continue to work with and hear from current administration; we are not considering any enrollment freezes at this time; a reminder that we will have a new administration coming in January 2027; will work with new administration on budget priorities
- Provider-Controlled Setting Update
 - Delaying implementation of project; all information has been removed from DHS website; this is a priority for us; will start in November; will provide an update to LTCAC at that time
- My Choice/Molina CAP
 - MyChoice/Molina was placed under a Corrective Action Plan (CAP) on 7/24/2026. Enrollment into MyChoice/Molina Family Care/Family Care Partnership is paused until further notice.
- LTCAC Member Application Process
 - Applications will be available in early October
 - New members who are selected will start January 2027

- Information will be posted on our website at: <https://www.dhs.wisconsin.gov/wltcac/index.htm>
- **Council Feedback**
 - Kevin F. – Any updates on FEA?
 - Nicole S. – No updates at the moment; will share when we know
 - Jenny P. – Is there a new day time employment manual for providers? Can you share with this group or follow-up?
 - Alicia B. – Yes, we can share; here is the link to the Employment and Daytime Service Manual: <https://www.dhs.wisconsin.gov/publications/p03793.pdf>

Aging and Disability Resource Center (ADRC) Contract – Vaughn Brandt

- Shared presentation
- ADRC Scope of Services Contract updates for 2027
- Not too many changes this year
- **Council Feedback**
 - Jenny P. – Many use ADRC as a resource; regarding the community engagement requirements around training and preparation; what information is going to ADRCs about this?
 - Vaughn B. – Are you talking about the new aging requirements? Medicaid requirements? Need to ask training specialists and will get back
 - Carrie M. – Will ask John; there are people exempt from those requirements; will take this topic back and make sure ADRC is equipped
 - Carrie M. – Have been updating this contract for 25+ years; required to share updates with LTCAC
 - Nicole M. – Reminder to check the website and webinars regarding the new federal work requirement: <https://www.dhs.wisconsin.gov/medicaid/work.htm>
 - Jen J. – We do anticipate people will have a lot of questions; refer them to income maintenance as well who are linked directly to look at their entire situation

Workforce Charge: PHI and the Universal Direct Care Workforce Initiative - Wisconsin – Carrie Molke, Stephen McCall, Brenda Bauer

- At the July meeting, we invited Lynn Gall to present. We were going to pull together another ad hoc group but decided to pause the meeting. We thought it would be great to learn what PHI has been working on.
- Brenda introduced Stephen McCall from PHI.
 - He met with this group in 2018 and the Governor's Task Force
 - He may also help us refine definitions for Wisconsin
- Stephen shared his presentation
- All efforts aimed at strengthening training for direct care workers
- Agenda
 - Look at the numbers; state of the direct care workforce in Wisconsin
 - Background; the Universal Direct Care Workforce Initiative in Wisconsin
 - From research to action building toward a universal approach in Wisconsin
- Direct care workers in WI are primarily women, and many are people of color.
- Wages are increasing; increased by \$3.54 over the past decade; due to inflation
- Wages are still generally low
- What are the challenges for direct care workers in WI?
 - Low wages and part-time hours translate into low annual earnings, high rates of poverty, and reliance on public assistance for basic needs
- Direct care workforce is projected to add more new jobs than any single occupation
- Launched the Universal Direct Care Workforce Initiative in WI
 - Four components:
 - Universal entry-level competencies
 - Portable stackable credentials

- Integrated career pathways
 - Accessible training infrastructure
- WI is building a more cohesive and consistent entry-level direct care training system, with the Certified Direct Care Professional (CDCP) program as a unifying platform.
- Demonstrating the value of entry-level training in WI
 - Shepherd 60 workers through CDCP training and PHI learning lab
 - Document strategies
 - Develop a practical set of tools
 - Evaluate the impact of online and in-person training
- New cohort of 15 Care Integration Senior Aides (CISAs)
- PHI's Focus on Wisconsin – two reports:
 - Building Skills, Building Careers in Care
 - Advancing Care, Advancing Careers
- Visit websites:
 - <https://www.phinational.org/>
 - <https://www.phinational.org/resource/wisconsins-direct-care-workforce-training-employment/>
 - <https://www.connectedbycare.org/>
- Sign up for newsletter if interested
- Planning on a webinar; stay tuned
- Brenda would like to confirm those who were interested in participating in the ad hoc group:
 - Linda R., Alyce K., Julie S., Jennifer J., Chris W., Laverne J.
 - The group will meet and an update will be presented at the LTCAC November meeting
- **Council Feedback**
 - Lonnelle C. – Very interesting; concerns about people taking credit for the work that others are doing; any thoughts on introducing something that rewards the direct care worker? Consideration for union labors?
 - Stephen M. – Make that case to develop these advancement opportunities; can have a real difference in key outcomes; goal is to make connections clear like pay for performance programs; lots of policy levers
 - Carrie M. – How it could get implemented; we are driving the policy levers
 - Stephen M. – Regarding unionization, there's a difference from unionized and non-unionized; one lever to improve; there are still ways to achieve the same ends through policy levers
 - LaVerne J. – Is the initiative focused primarily on who are already employed? What about the person who is out there considering what they want to do in the future and might consider direct care but don't know where to go and what it's about? Do they get trained first and then look at employment options? More critical now.
 - Stephen M. – It depends; entry-level is targeted towards new hires; specialized and advanced are generally part of incentive and retention; Yes, more robust and coherent training and workforce development system
 - Jason G. – Can you speak to incentivizing these programs for independent care givers? IRIS program? Have you done research around the impact of the 80/20 rule and what it might do to these dollars?
 - Stephen M. – Thinking through how best to support consumers; simple ways around training accessibility; refer to additional training; we definitely need to integrate model into broader networks; don't have clear answer; consumer directed is the largest segment; necessary to support workers and those hiring them; regarding your second question about the 80/20 rule, really don't know; defining compensation in different ways; there is an uncertain future about that rule; stay tuned and stay active
 - Alyce K. – Mental health area; start on behavioral health training; consumer buy-in was needed; recovery – a person can live the life; person-centered planning; trauma informed services and care; Are you addressing these topics in your training?
 - Stephen M. – Behavioral health front engage with subject matter experts (SMEs); person-centered practices; care planning front; important for consumers to have a voice in their own care; there is a strong emphasis on following the person and not the medical model; all trainers are trained in trauma informed services; both for consumers and workers; person first language

- Kevin F. – What can we do to create access for these workers? Is there a section to go find a worker? Is there something in the portal to allow IRIS participants to gain access to this workforce?
 - Stephen M. – Very relevant to the training workforce environment piece; matching service registries; go on a website and find a worker; work with ACL and respite coalition of WI; take a deeper dive in matching service registries – does it help or hinder success; just released national reports; will share additional links with Carrie
 - Nicole S. – Regarding the hand shake process; did have some bumps; have discontinued for this year
- Jason G. – Wisconsin used to have the Quality Homecare Commission which did that, and allowed for representation for people with disabilities in collective bargaining

Long Path Charge Update – Helen Sampson

- Shared Presentation
- Wisconsin is starting with culture and mind-shift change
- Two initiatives
 - Reframing Aging and Disability movement
 - Aging and Disability-Friendly Ecosystem
- Is there anyone who is interested in completing the Age Friendly and Disability questionnaire?
 - Volunteers include:
 - Linda R., Lonnette C., Jenny P., Alyce K., Jill J.
- This survey helps identify spaces that aren't aligned; your feedback is very helpful
- Helen will send out the questionnaire
- **Council Feedback**
 - Joel G. – Who is on the group? Autumn from Options

Medicaid Long-Term Care Charge Update – Alicia Boehme, Jason Cram

- Nicole introduced Jason and Alicia, who are the new leaders over this charge
- Goal is to find 4 to 6 people to serve on an ad hoc group; plan is to have 1 to 2 meetings before the LTCAC November meeting; length of meeting would be around 1 hour
- The ad hoc group will look at the short, mid and long-term goals of this charge
- Bring back summary to LTCAC in November
- Discuss where we want to see this charge going forward
- Volunteers included:
 - Jenny P., Alyce K., Kevin F., Linda R., Jill J.
- **Council Feedback**
 - None

Council Business – Julie Strenn

- Any topics to add for November?
- Linda R. – Certified peer and parent-specialists used within any long-term care place? In home or elsewhere? Challenges with mental health, etc.? Are peers involved?
 - Nicole S. – Made changes to the benefit and rate structure
- LaVerne J. – Mentioned deficit at the beginning of meeting; no enrollment freezes; how is this being dealt with? Please provide updates at next meeting
 - Nicole S. – Will add this to updates in November
- Carrie M. – Hosted event; panel of DMS folks; this is something we do every year; this is the third event; Would LTCAC be interested in participating in the future?

- Alicia K. – Regarding the event, started off with explanation of different councils; overview of DHS; our relationship to the Governor and who is appointed; general structure; different groups/councils discussed topics they can work with together; panel of DMS, DPH, and Department of Care Services; hot topics now, etc.; talked through priorities and interests; interactive conversations; connect directly with councils and have a casual conversation in-person; work on or advocate for; shared advocacy goals
- Jenny P. – Do we want to be a council to be invited as members? Yes
- Jill J. – Feel this is a good opportunity for this council; As we enter a new year with a new administration, one request of this council is at the start of the year, provide an overview of changes – what changes at DHS and what doesn't change under new administration, etc.
 - Carrie M. – Yes, we will make a note to bring this to the January meeting
 - Nicole S. – Will also talk about the relationship with the Secretary and Medicaid Director; good reminders for all of us; will have a new public health administrator too
- Jessica T. – I was going to say I was at that event three years ago and it was a good event, and I think worthwhile for LTCAC.
- Carrie M. – Will add this group to the list
- Julie S. – Discuss having an in-person meeting next year
 - Thoughts on when we want to do this? March, May, July, September?
 - Lots of thumbs up
 - Leaning towards May 2027
 - Madison location TBD
 - Reimbursement for travel? We will look into this.
 - For this in-person meeting agenda, we can discuss how we function as a council, what has worked well, new members to meet, operating agreement and ground rules, etc.
- LaVerne J. – Will this be a hybrid meeting? In-person and virtual?
 - Carrie M. – We will need to determine if this is possible; will look into this
- Julie S. – Will this prohibit the public from joining our meeting? Please send Joyce Vue an email if an in-person meeting won't work for you. If you're prohibited, what's creating that? Maybe we can help support?
- Lonnette C. – Could some have transportation issues? Happy to help provide transportation/carpool, etc.
- **Council Feedback**
 - Jenny P. – CLTS Council does an in person once a year so they may have insights

Public Comment – Julie Strenn

- Amber W. – Will submit full comment via email as well; give brief overview; choose IRIS waiver; primary caregiver to work over 40 hours a week which keeps her safe; effected by caregiver shortage; flip side; denied a stair lift to basement; violate CDC and weather safety guidelines; environmentally adaptive situations; don't have any choice because have to accept lowest bids; request the council to review the structural alignment of environmental modifications and allocations across the waiver; correct policy if needed
- Amber W. – My name is Amber Weise, an IRIS participant and I am going to read my comment to you. I choose IRIS because my support needs are 24/7 in real life. Living in rural Wisconsin during a caregiver shortage, the primary reason I am grateful for IRIS is its flexibility with individual provider hours, allowing my primary caregiver to work over 40 hours a week to keep me safe. Yet, under our current system, I am forced to choose between good caregiver policies under IRIS, or good environmental accessibility adaptation policies under Family Care. I shouldn't have to sacrifice one for the other. When it comes to home modifications, IRIS relies on bizarre, illogical rationale. I was recently verbally denied an emergency stair lift to my basement because the state claimed I could just use an interior room on the upper level for shelter during severe weather instead. It is unacceptable to assert that I shouldn't be able to access a critical safety area of my own home simply because there is no bedroom down there. Furthermore, the state's logic directly contradicts CDC and National Weather Service safety guidelines, which strongly advise going to a basement, and that an interior room is only recommended as a backup if a basement does not exist. A caregiver cannot physically carry me and my life-sustaining equipment down a flight of stairs without a substantial risk to both of our safety and lives. Does violating national safety guidelines and lacking the ability to safely shelter in your own home sound like authentic self-direction to you? I will keep this comment to this one example of hazardous environmental accessibility adaptation denials for the

sake of brevity, but please know that there are more. To add insult to injury, the home modification process, in my opinion, exploits the very definition of self-direction. Right now, when an IRIS participant needs a home modification, we are given a curated list of state-approved vendors. But instead of choosing, we must source three bids and are mandated to accept the lowest one. If I want vendor A, but vendor B is \$200 cheaper after vendor A's lowest negotiation, the state essentially says, "Thanks for doing our administrative compliance work, but you can't go with the provider you want to choose." This isn't self-direction; it is uncompensated self-administration. Because exceptions are rarely granted and participants have no meaningful choice in the vendor, this process doesn't fit the definition of self-direction. It is an administrative mechanism designed for state fiscal compliance, yet it is forced onto the participant. If an IRIS participant objects to this unpaid administrative labor, the systemic fallback response is that we can appoint and unpaid volunteer to perform this work, or switch to Family Care, where the state funds MCOs to do this exact state work, but where I would lose my freedom to utilize my caregiver hours in a way that keeps me safe. The state should not weaponize "self-direction" to dodge its own administrative burdens while simultaneously stripping us of meaningful choice. This is a huge equity gap in our waiver systems. We must stop allowing the state to hide behind the word "self-direction" to justify withholding administrative support. If a waiver task offers no real freedom of choice, it belongs to paid staff, not the participant. I am fiercely pro-self-direction. But I am pro-authentic self-direction, not an illusion of choice for pacification or appeasement. I request that this Council review the structural misalignment of environmental accessibility adaptation and hourly allocation equity across waivers, affirming that IRIS participants have the right in policy to delegate low-choice fiscal tasks to their paid ICA staff, and Family Care participants likewise have greater autonomy in how they use their authorized hours.

Adjourn

Motion to adjourn by Kevin F.; seconded by Raj S.

Meeting adjourned at 11:51 am.

Prepared by: Joyce Vue on 9/8/2026.

These minutes are in draft form. They will be presented for approval by the governmental body on: 11/10/2026