



AGING WITH DIGNITY

Missouri's Master Plan on Aging

Family Caregiver Subcommittee



Date: 10/3/2023

Meeting: Policy Workgroup

In attendance: Christina Scott, Angie Nickell, Taylor Jones, DeAnna Alonso, Bill Bates, Liz McClelland, Mike Brewer, Melissa Frey, Jennifer Carter Dochler, Kathy Bullis-Reed

Notes/Highlights:

The attendees did brief introductions and discussed the purpose of the workgroup, anticipated products, and how our work ties in to the subcommittee and master plan as a whole. Work then turned to individual areas of focus for recommendations.

Current policy

Firm up listing of what state agencies are providing and what they are required to provide by state statute vs what has some wiggle room.

Ex. Social Services-What they do is mostly through Medicaid. Individual must be Medicaid-eligible. It's written in statute, so waivers cannot be available to a wider group.

Rather than only focusing on missing pieces, reinforce what is good and find ways to scale/extend/build upon it.

Workplace

Family caregivers have many challenges in the workplace: being out due to hospital visits, getting approved for FMLA, etc. Even if it's technically "allowed," make it more acceptable to take intermittent or extended leave, provide sufficient bereavement leave after caregiving ends, provide options like working from home, flexing time, temporarily dropping to part-time hours, etc.

Maybe the state could be an example in how to support caregivers in the workplace.

Work from home, flexing time, able to get on from hospital or while waiting for appointments



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Kinship care

Recent rule change at federal level allows states to relax requirements for kinship formal foster families. We may need to shepherd those changes at the state level, but they are not a panacea.

Make sure kinship caregivers are set up for success. That rule only focuses on licensed/approved formally placed, which is often not the situation for older adults informally caring for grandchildren. These caregivers face financial challenges and have limited support and resources.

Children's Division is focused on prevention. How can we redirect to support families outside the foster system? Is there something we can do to engage the budget committee to focus the finances on resources for kinship families so they don't get to the point of foster care? This would save the state money. We also need to raise awareness of this issue and the programs that are available for kinship families.

Access

Piecemeal programs aren't necessarily effective. A one-stop landing page for caregivers that could be front-facing for consumers and useful for providers, too. Have a statewide resource hub.

There are too many avenues to pursue at the provider level as far as cross referrals and accessing direct services/programs in underserved populations and rural areas. It's difficult to cast a wide net and adequately serve all caregivers.

There are also access concerns related to transportation and internet access.

Direct care workers

In-home respite continues to be a challenge. Workers are unavailable for certain areas, hard to keep consistent, not adequately trained, etc.

Work on pipelining for direct care workers—high school technical schools, community and technical colleges, etc. to present direct care as a viable career choice and provide standardized and specialized training.

Elevated credentialing will help elevate wages. Treating workers as professionals will encourage them to stay in the field. Other ways to keep direct care workers?



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Housekeeping

Workgroups to meet twice more to flesh out recommendations before next subcommittee meeting in December. Christina will send out a doodle poll to arrange meeting times. Framework for recommendations and any background info will be added to the Box folder. People can be members of both workgroups.