

**Summary of Policy Recommendation Areas  
For the California Task Force on Family Caregiving  
November 20, 2017**

This document is a summary of areas where the Task Force might consider making policy recommendations to the California Legislature. Items listed are based on research reviews of priority areas selected by the Task Force and minutes from previous meetings. Items included are NOT recommendations but are under consideration.

**Caregiver Compensation**

1. Tax credits to offset out-of-pocket costs related to caregiving
2. Broaden eligibility criteria for job protection for more workers, including lowering the number of employees required for a private sector employer to comply with the FMLA
3. Increase the number of weeks over which Paid Family Leave (PFL) is provided
4. Expand paid family leave to apply to public sector employees instead of the current opt-in program
5. Improve awareness and knowledge about the FMLA and PFL programs and eligibility criteria among employees and employers
6. Raise awareness about FMLA and PFL in culturally-appropriate ways, including the use of community brokers
7. Consider a statewide “right to request” law to support workers seeking flexible work schedules from employers
8. Add caregivers to protected classes of workers to prevent and address family responsibility discrimination
9. Evaluate the new state-wide paid sick leave legislation, including its expansion to IHSS workers
10. Work with private sector employers to add case management, consultation, and other services to help workers balance work and caregiving
11. Work with private sector employers to expand company-wide paid family leave policies—which may be more generous than the state program—to caregivers for older and disabled adults
12. Study the impact of family caregiving on Californian’s retirement income, and consider advocacy for Social Security credits and loosened Medicare eligibility criteria for family caregivers
13. Explore opportunities to provide additional training programs for IHSS workers
14. Remove relationship requirements barring IHSS workers from paying into Social Security, Medicare, and unemployment insurance
15. Evaluation and/or expansion of paid family leave benefit opt-in for those in the gig economy
16. Pilot an evaluation of Kupuna Care-like program to provide a stipend for caregiving costs

**Data and Assessment**

1. Addition of an updated caregiving module on the California Health Interview study
2. Funding to extract California-specific information from national surveys with caregiving questions like the Health and Retirement Study
3. Creation of standardized/universal assessment for caregivers by programs delivering services to older adults which rely on caregivers and services provided directly to caregivers
  - a. Using validated measures
  - b. That can be further tailored for individual program needs

- c. Able to be implemented in a clinical setting
  - d. Opportunities/requirement for reassessment, where applicable
  - e. Administration by trained providers
4. Reimbursement for caregiver assessment and/or tie to funding requirements
  5. Digitalized assessment tool that can be used for sharing de-identified information to learn about caregivers and their service needs
  6. Digitalized assessment tool that can be used for sharing information in medical records and across agencies
  7. Assessment of caregiver needs and capacity at hospital discharge prior to delivery of education/training required by the CARE Act
  8. Research to create validated measures for performance of medical/nursing tasks by caregivers

### **Education and Training**

1. Expand access to tailored information to caregivers based on disease type, preferences for information, how information and education and delivered.
  - a. "Hand holding"/person-delivered information for caregivers who may not understand text-based information or do not know where to look
2. Increase educational opportunities to address practical issues related to caregiving (e.g., transfers, training on how to complete complex care tasks)
3. Required provision of information to caregivers at critical points, such as hospital discharge and other care transitions
4. Expanding awareness on current avenues to access information by 1) reaching out to those providing care who do not identify the term "caregiver" 2) letting caregivers know about lack of eligibility criteria for most information services 3) culturally targeted awareness campaigns
5. Increased availability of services and materials in multiple languages
6. Resource lists and information services that provide up-to-date information on regional and local services that reflect the changing service infrastructure
  - a. Increase funding for Caregiver Resource Centers for I&R work
  - b. Increase funding for California's Information and Assistance line
7. Expand access to information and evidence-based educational interventions using technology, such as video-based delivery
8. Development and evaluation of evidence-based educational interventions that:
  - a. Can be feasibility implemented;
  - b. Are cost-effective;
  - c. Address caregivers to persons with conditions besides dementia
9. Improved cultural competence training among service providers, including healthcare providers, as it relates to caregiving
10. Evaluate implementation and effectiveness of the Older California Equality and Protection Act requiring providers to receive training on working with LGBT clients

### **Access to Affordable and Accessible Services**

1. Allow nurses to delegate nursing tasks suggested by AARP to qualified home health aids
2. Recruiting and incentivizing additional respite care providers:
  - a. In rural areas
  - b. Who can speak the same language as care recipients
  - c. Who can work flexible hours including evenings and weekends

3. Provide job-advancement opportunities for respite providers
4. Require that hospice respite benefits by Medicare allow the caregiver to leave the home
5. Expand Medicare-funded respite options beyond those to recipients eligible for hospice
6. Expand awareness among caregivers about currently available respite programs, particularly those least likely to access these programs
7. Expand access to respite through additional funding to Caregiver Resource Centers
8. Add respite options to in-person services so caregivers have more opportunities to participate
9. Create infrastructure and training for volunteer respite provider programs
10. Include caregivers in Medicaid HCBS decisions that depend on the caregiver as a part of the care plan
11. Provide services supporting caregivers on a sliding scale basis like that used for families caring for children with developmental disabilities
12. Expand awareness and access to focus groups led by trained facilitators, both online and in-person
13. Expand awareness and access to focus groups that are culturally relevant, both online and in-person
14. Provide caregiver supports and services during flexible hours, including after the traditional workdays and on weekends
15. Provide additional caregiver supports and services online using Web 2.0 technologies
16. Research on how evidence-based interventions for caregivers work and which caregivers they work best for
17. Funding opportunities for translation and scaling of caregiver interventions
18. Provide/evaluate a pilot program of Medicare and Medicaid reimbursement for evidence-based caregiver interventions
19. Expand affordable housing stock options to caregivers and recipients
  - a. Remove barriers to new developments often used in coastal cities to discourage building
20. Encourage use of universal design elements for new buildings, including commercial and private residences
21. Increase funding to cover the costs of home modifications to retrofit existing housing stock
22. Increase access to assistive devices to enable older adults to more independently move about dwellings

### **Integrated Approaches**

1. Require language that encourages identification of a caregiver per CARE Act requirements and/or in other healthcare settings (e.g., “person who helps you”)
2. Create more standardized discharge planning requirements that include the family caregiver as soon as possible where one is identified
3. Provide opportunities to include multiple caregivers in health records
4. Assess caregiver’s capacity to provide care and understand education/training at discharge
5. Expand conditions under which hospitals are penalized for readmission of patients within 30 days, which could encourage better support of the caregiver
6. Raise awareness/require notification about caregivers’ rights at discharge, including right to say discharge is unsafe and to refuse to provide care
7. Raised awareness of caregivers’ ability to access additional services, such as a social worker
8. Expand access to of home care referrals following hospital discharge by lowering eligibility requirements

9. Provide clearer notification for families receiving post discharge services of 1) what services cover and 2) when services will end
10. Provide a transition coach to caregivers to those with complex care needs, ideally prior to discharge occurring
11. Provide information for caregivers on “red flags” to look out for after discharge that call for a return to the hospital
12. Provide educational materials that families can take home and review, not just view at the hospital, as a part of CARE Act requirements
13. Expand access to translated materials and trainings provided to caregivers at discharge
14. Evaluate technology-based approaches to fulfill CARE Act requirements
15. Increased awareness of caregiver rights and roles throughout healthcare facilities, including information-sharing and provision of educational materials
16. Enforcement of health information sharing requirements between care settings

**Other**

1. Expand of programs to improve safe return of older adults with dementia
2. Remove barriers to cross-locale collaboration for safe returns
3. Research on caregivers to veterans who are older adults and their service needs