**Family Caregivers Subcommittee Meeting**

**12/19/23**

Committee reviewed combined recommendations from 2 workgroups: policy workgroup and caregivers workgroup. Detailed notes will be reflected in the Family Caregivers Subcommittee Final recommendations.

The 2 workgroups provided similar recommendations, so co-chairs combined them and shared them with the group. Recommendations from both workgroups were reviewed together and similarities, differences, and streamlining was discussed, including the following high-level recommendations:

* Compile comprehensive list of resources provided by state agencies and other organizations and how they relate to policy and statue.
	+ Discussed pros and cons of how to provide that information (e.g., a list that may become outdated vs. a central repository).
	+ Also discussed overlap with work currently being done by No Wrong Door team in Missouri (led by UMKC)
	+ Leverage existing resources
	+ Drive resources to the end user
	+ Ensure that even people outside these communities are able to access resources if and when they need
* Expand resources and identify best practices to replicate and scale to make more widely available, including incentives to encourage volunteer participation (e.g., universal background screening)
* Provide financial incentives outside of increased wages (e.g., transportation support, income cap expansion, access to affordable daycare)
* Provide standardized and specialized training and credentialing for direct care workers. Treat direct care workers as professionals
	+ Consider asking CMS for adding a code for training family caregivers
	+ Leverage and centralized available training and education for family caregivers to improve care at homes. Ensure not condition specific so it is more widespread
* Encourage employers to support employees who are caregivers (e.g., going being FMLA leave, acceptability for longer or intermittent leave)
* Allow funding for support of kinship caregivers providing care outside the formal foster care system.
* Incentivize consumers to complete advance directive documentation
	+ Discussed operationally how it would look like operationally, including conducting awareness campaigns, providing general instructions and sharing legal requirements. Discussed changing word choice and including ‘easier access to documentation’ to remove barriers.
* Open discussion about power of attorney