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January 21, 2015

Ms. Mari Cantwell
Chief Deputy Director
California Department of Health Care Services

Dear Ms. Cantwell,

The California Long-Term Care Education Center (CLTCEC) is a 501(c)(3) organization that is based in Los Angeles and serves In Home Supportive Services and Long-Term Care workers throughout California. As the central educational institution in California for In Home Supportive Services (IHSS) workers, we want to thank you for your commitment to renew the Section 1115 Medicaid Waiver and for making workforce a priority in this renewal effort. We appreciate the opportunity to work with the California Department of Health Care Services (DHCS) and to participate in the Workforce Work Group that DHCS has established.

CLTCEC fully supports the Waiver Workforce option to use 1115 Waiver funds to enable targeted training of IHSS workers, including the specific options that were laid out in the January 7, 2015 Workforce Work Group meeting for:

- Training programs for IHSS workers to improve clinical skills, communication and coordination of patient care; and
- Financial incentives for IHSS workers to obtain training.

Further, CLTCEC would like to propose to use 1115 Waiver funds to train 35% of IHSS workers in the role of an Advanced Aide in the seven (7) counties that are currently participating in the Coordinated Care Initiative (CCI), and in two (2) counties that will participate in the next CCI round, over the five (5) year period that are covered by this 1115 Waiver. As you know, one of the central goals of CCI is to improve care coordination to dual eligible recipients who enroll in a managed care plan, thereby improving care and reducing costs. CLTCEC's Advanced Aide program fits perfectly into that paradigm. In addition, should the 1115 Waiver incorporate a proposal related to Health Homes pursuant to Section 2703 of the Affordable Care Act, we would propose that the enhanced IHSS worker be included in this proposal to improve and enhance care coordination through the Health Home option.

In addition, we need to be clear that this proposal is intended to fit within the existing construct of consumer-led, self-directed care which we are a proponent of. Participation by IHSS workers in our Advanced Aide training curriculum and as part of a team-based approach to care delivery would need to fit with the desires and needs of the consumers first and foremost.

CLTCEC is a current recipient of an \$11.8 million grant from the Center for Medicare and Medicaid Innovation (CMMI), which funded CLTCEC's project: *Care Team Integration of the Home-Based Workforce*. The grant enabled CLTCEC to develop a distinguished consumer-directed curriculum that prepares IHSS workers to be Advanced Aides, specifically to take on five (5) enhanced roles of **monitor, communicator, navigator, coach, and care aide**. Through these roles, IHSS workers are trained to be members of their consumers' integrated care teams, at their consumers' option, and improve care coordination. The training course is comprehensive and totals 61 hours of in-class training over 17 weeks, requiring students to meet several benchmarks for graduation, including becoming certified in CPR and First Aid, passing in-class and at-home competency checks, and meeting attendance requirements.

The posit of CLTCEC's training program is that by training an IHSS worker on the five enhanced roles mentioned above and the core competencies mentioned below, there will be a significant reduction in avoidable emergency room visits, hospitalizations and length of stays in skilled nursing facilities, resulting in decreased costs to both Medi-Cal and Medicare. By training 6,000 IHSS workers in the role of Advanced Aide our program is projected to save \$24 Million combined between Medi-Cal and Medicare. A preliminary analysis conducted by the University of California San Francisco (UCSF) School of Nursing show that consumers with trained IHSS workers are less likely to go to the emergency room or be admitted to a hospital than those with untrained IHSS workers. Although these findings are based only on consumers with inpatient stays and emergency room visits among the trained group, the direction towards reduced utilization is promising.

By February 2015, over 3,700 IHSS workers will have been trained through our program in six different languages throughout Los Angeles, Contra Costa and San Bernardino counties.

By the end of the training, IHSS workers gain the following competencies:

1. Infection Control and Standard Precautions: Tracheostomy and Nasogastric tubes, PPE's, Catheters and Colostomy
2. Body Systems and most common diseases: Arthritis, Cancer, Kidney Disease, Multiple Sclerosis, Parkinson's Disease, and Stroke
3. Oral Care and Dental care
4. Fall and Fire Prevention
5. Grooming and Personal Hygiene care
6. Diet and Nutrition
7. Body Mechanics in lifting objects
8. Medications and Introduction to Vital Signs: measure or record vitals, but no diagnoses
9. Body Mechanics in transferring individuals
10. Communication and working relationship with consumer's health care providers on chronic conditions, such as: Heart and lung, Diabetes Behavioral health, Dementia

CLTCEC has conducted participant focus groups as part of our evaluation process under the CMMI funded project. Both consumers and IHSS workers have responded in an overwhelmingly positive manner to the training program:

“Before I took this class I did not know as much about how to understand different conditions and what do to about them. My father (consumer in his 70’s) suffered a stroke. If I had not taken the class I would have thought that he was just sleepy. Because I learned about stroke and the details about what to look for and how to deal with that emergency, I was able to call the ambulance. They took him to the hospital and later the doctor told me that it had been a minor stroke but because I took quick action it helped him in minimizing the effects. “ (Provider. Focus Group, April 2014.)

“Yes, he tells me everything he learns after every class and tries it on me. It has helped me with my diabetes because he has changed the menu now he includes a lot more vegetables. I did not like it at first but I knew it was for my health and now I feel better. He also continually asks me to do exercise, and he puts stationary pedals on the floor for me to exercise. Sometimes I tell him I do not want to do it but I end up doing it because he encourages me. It has helped me because I have grandchildren and that allows me to still play with them and it also helps me with my Diabetes.” (Consumer. Focus Group, April 2014.)

“It has not been just one thing, it has been many. Diet, exercise and Diabetes were the best. It has helped me in how I work with my consumer.” (Provider. Focus Group, April 2014.)

Additionally, in 2012, CLTCEC engaged in an *Enhanced Home Care Pilot Program* with St. John’s Well Child and Family Center, an independent network of Federally Qualified Health Centers in central and south Los Angeles. This project utilized CLTCEC’s curriculum and is one of the first known models that specifically tied coordination of care and an enhanced role for home care workers with the Triple Aim goals of better health, better care, and lower costs. (See enclosure.)

Through CLTCEC’s Advanced Aide training program, we are confident that IHSS workers will be prepared to better care for consumers in their homes, supporting the critical need for utilizing Home and Community Based Services.

California is at the crux of an acute need to support the growing number of seniors. The California Department of Finance projects the population of people ages 65 and over to increase by almost 50 percent, from 4.3 million to 6.3 million seniors, between 2010 and 2020. To support this influx, home care occupations are among the fastest growing occupations in the State, with personal care aides projected to increase by 52 percent between 2012 and 2022 according to the California Employment Development Department. It is vital to both the care

of the consumer, and the cost of the program, that IHSS workers have the opportunity to be trained in the role of an Advanced Aide.

CLTCEC forecasts the project to cost \$239 million dollars over the next five years to train 35% of IHSS workers (over 81,000 workers) in Los Angeles, San Diego, Orange, San Bernardino, Santa Clara, San Mateo, Riverside, Alameda and Contra Costa counties. This cost includes wages for IHSS workers for time spent in class, as well as an evaluation of the program utilizing health data to show improved health and cost savings. Our program will continue to preserve consumer direction and choice by maintaining the voluntary nature of the training program. We respectfully request that the California 1115 Waiver proposal include our training proposal.

Please see enclosures which give a broader understanding of the financial cost model. If you have any questions or would like more information on our Advanced Aide training program, please do not hesitate to contact me (or Deputy Director Annie Lee-Houang) at 213-985-0390.

Sincerely,

**ORIGINAL SIGNED BY CORINNE
ELDRIDGE**

Corinne Eldridge
Executive Director

Encl.

Cc: Anastasia Dodson, Associate Director for Policy, DHCS
Wendy Soe, Policy Analyst, DHCS



INLAND EMPIRE HEALTH PLAN

January 20, 2015

Ms. Mari Cantwell
Chief Deputy Director
California Department of Health Care Services

Dear Ms. Cantwell,

On behalf of Inland Empire Health Plan, IEHP, I am writing this letter in support of the California Long-Term Care Education Center's (CLTCEC) proposal to continue its pioneering work to train In-Home Supportive Services (IHSS) workers and integrate them onto their consumers' health care teams in the role of an Advanced Aide. Specifically, we support CLTCEC's proposal to use 1115 Waiver funds to train 35% of IHSS workers in the role of an Advanced Aide in the seven (7) counties that are currently participating in the Coordinated Care Initiative (CCI), and in two (2) counties that will participate in the next CCI round, over the five (5) year period that is covered by this 1115 Waiver. As you know, one of the central goals of CCI is to improve care coordination to dual eligible recipients who enroll in a managed care plan, thereby improving care and reducing costs. CLTCEC's Advanced Aide program fits perfectly into that paradigm.

IEHP is a Knox-Keene licensed Health Plan located in Rancho Cucamonga, California. IEHP is a not-for-profit public agency serving low income and vulnerable populations in San Bernardino and Riverside Counties and has over 1,018,000 Members in the following programs: Medi-Cal (including seniors and people with disabilities), Healthy Kids, a Medicare Advantage Special Needs Program and our Cal MediConnect Plan serving dual eligibles. Through a dynamic partnership with providers, award-winning service and innovative products, IEHP is fully committed to providing our Members with quality, accessible and wellness based healthcare services. By partnering with providers, we deliver high quality health care coverage to low-income working families with children, adults, seniors, and people with disabilities.

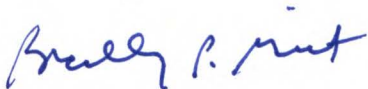
CLTCEC is a leading nonprofit education center for long-term care workers and has vast experience as a training organization for IHSS workers, training over 3,700 IHSS workers in the role of Advanced Aide over the last one and a half years. California is at the crux of a critical need to support the growing number of seniors, which the California Department of Finance projects the population of people age 65 and over to increase by almost 50 percent from 4.3 million to 6.3 million seniors between 2010 and 2020. This includes many of our members, who desire to stay in their homes but require assistance in order to do so. Not surprisingly then, home care occupations are some of the fastest growing occupations in the state with personal care aides projected to increase by 52 percent between 2012 and 2022 according to the California

Employment Development Department. As a partner on CLTCEC's *Care Team Integration of the Home-Based Workforce* training project, a grant funded project through the Centers for Medicare and Medicaid Services, we have full confidence in CLTCEC's ability and leadership to expand the training program to thousands more IHSS workers and their consumers throughout California.

Importantly, the training recognizes that IHSS workers, who have direct and regular access to our members, are uniquely positioned to maintain and improve the safety and health of members in their homes when trained as Advanced Aides. For instance, they can help our members manage chronic diseases, which factor into high rates of emergency room visits and hospitalizations, identify worsening health status and facilitate timely intervention, or ensure that their clients are empowered to communicate their care needs and direct their care. We firmly believe this work will be essential in meeting the triple aim and improving the quality of care our members receive from both our plan's health care providers and IHSS workers. As a health plan, the potential benefits of the training to significantly reduce avoidable emergency room visits, inpatient hospitalizations, and nursing home length of stays are tremendous. CLTCEC has also proven that they are able to reach populations that are traditionally underserved and hard-to-reach, giving us different avenues of access to members we may otherwise have difficulty reaching. The training is a valuable opportunity to achieve savings and improve the health and well-being of our members.

We reiterate our support and confidence in CLTCEC's efforts to optimize the value of IHSS workers, in the role of Advanced Aide, through education for the benefit of public health, publicly funded health care systems, and most importantly, for our members. We look forward to continuing our support for CLTCEC in its efforts to promote and sustain this important training to maximize the potential of IHSS workers to serve as Advanced Aides.

Sincerely,



Bradley P. Gilbert, MD, MPP
Chief Executive Officer
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909-890-2010
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Los Angeles, CA 90037
(323) 541-1600 Fax (323) 541-1601

January 20, 2015

Ms. Mari Cantwell
Chief Deputy Director
California Department of Health Care Services

Dear Ms. Cantwell,

On behalf of St. John's Well Child and Family Center I am writing this letter in support of the California Long-Term Care Education Center's (CLTCEC) proposal to continue its pioneering work to train In-Home Supportive Services (IHSS) workers and integrate them onto their consumers' health care teams in the role of an Advanced Aide. Specifically, we support CLTCEC's proposal to use 1115 Waiver funds to train 35% of IHSS workers in the role of an Advanced Aide in the seven (7) counties that are currently participating in the Coordinated Care Initiative (CCI), and in two (2) counties that will participate in the next CCI round, over the five (5) year period that is covered by this 1115 Waiver. As you know, one of the central goals of CCI is to improve care coordination to dual eligible recipients who enroll in a managed care plan, thereby improving care and reducing costs. CLTCEC's Advanced Aide program fits perfectly into that paradigm.

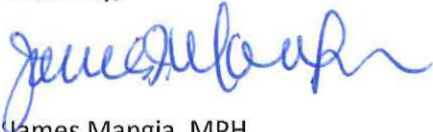
CLTCEC is a leading nonprofit education center for long-term care workers and has vast experience as a training organization for IHSS workers, training over 3,700 IHSS workers in the role of Advanced Aid over the last 1.5 years. California is at the crux of a critical need to support the growing number of seniors, which the California Department of Finance projects the population of people age 65 and over to increase by almost 50 percent from 4.3 million to 6.3 million seniors between 2010 and 2020. This includes many of our members, who desire to stay in their homes but require assistance in order to do so. Not surprisingly then, home care occupations are some of the fastest growing occupations in the state with personal care aides projected to increase by 52 percent between 2012 and 2022 according to the California Employment Development Department. As a partner on CLTCEC's Care Team Integration of the Home-Based Workforce training project, a grant funded project through the Centers for Medicare and Medicaid Services, we have full confidence in CLTCEC's ability and leadership to expand the training program to thousands more IHSS workers and their consumers throughout California.

Importantly, the training recognizes that IHSS workers, who have direct and regular access to our members, are uniquely positioned to maintain and improve the safety and health of members in their homes when trained as Advanced Aides. For instance, they can help our members manage chronic diseases, which factor into high rates of emergency room visits and hospitalizations, identify worsening health status and facilitate timely intervention, or ensure that their clients are empowered to communicate their care needs and direct their care. We firmly believe this work will be essential in meeting the triple aim and improving the quality of care our members receive from both our plan's health care providers and IHSS workers. As a health plan, the potential benefits of the training to

significantly reduce avoidable emergency room visits, inpatient hospitalizations, and nursing home length of stays are tremendous. CLTCEC has also proven that they are able to reach populations that are traditionally underserved and hard-to-reach, giving us different avenues of access to members we may otherwise have difficulty reaching. The training is a valuable opportunity to achieve savings and improve the health and well-being of our members.

We reiterate our support and confidence in CLTCEC's transformative efforts to optimize the value of IHSS workers, in the role of Advanced Aide, through education for the benefit of public health, publicly funded health care systems, and most importantly, for our members. CLTCEC will shine a light on the pivotal role that IHSS workers play in health care delivery in helping to meet the triple aim specifically by improving healthcare and quality outcomes, and promoting home and community-based care. We look forward to continuing our support for CLTCEC in its efforts to promote and sustain this seminal training to maximize the potential of IHSS workers to serve as Advanced Aides.

Sincerely,

A handwritten signature in blue ink, appearing to read "James Mangia".

James Mangia, MPH
President & CEO

PATRICIA TANQUARY, MPH, PhD
CHIEF EXECUTIVE OFFICER

JAMES R. TYSELL, M.D.
MEDICAL DIRECTOR



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Se Habla Español

A Culture of Caring

January 20, 2015

Ms. Mari Cantwell
Chief Deputy Director
California Department of Health Care Services

Dear Ms. Cantwell,

On behalf of Contra Costa Health Plan, I am writing this letter in support of the California Long-Term Care Education Center's (CLTCEC) proposal to continue its pioneering work to train In-Home Supportive Services (IHSS) workers and integrate them into our Health Plan's delivery system. Specifically, we support CLTCEC's proposal to use 1115 Waiver funds to train 35% of IHSS workers in the seven (7) counties that are currently participating in the Coordinated Care Initiative (CCI), and in two (2) counties that will participate in the next CCI round, over the five (5) year period that is covered by this 1115 Waiver. As you know, one of the central goals of CCI is to improve care coordination to dual eligible recipients who enroll in a managed care plan, thereby improving care and reducing costs.

CLTCEC is a leading nonprofit education center for long-term care workers and has vast experience as a training organization for IHSS workers, training over 3,700 IHSS workers over the last 1.5 years. California is at the crux of a critical need to support the growing number of seniors. The California Department of Finance projects the population of people age 65 and over to increase by almost 50 percent from 4.3 million to 6.3 million between 2010 and 2020. This includes many of our members, who desire to stay in their homes but require assistance in order to do so. Not surprisingly then, home care occupations are some of the fastest growing occupations in the state with personal care workers projected to increase by 52 percent between 2012 and 2022 according to the California Employment Development Department. As a partner on CLTCEC's *Care Team Integration of the Home-Based Workforce* training project, a grant funded project through the Centers for Medicare and Medicaid Services, we have confidence in CLTCEC's ability and leadership to expand the training program to thousands more IHSS workers and their consumers throughout California.

Continued . . .



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Importantly, the training recognizes that IHSS workers, who have direct and regular access to our members, are uniquely positioned to maintain and improve the safety and health of members in their homes when trained. For instance, they can help our members manage chronic diseases, which factor into high rates of emergency room visits and hospitalizations; identify worsening health status and facilitate timely intervention; or ensure that their clients are empowered to communicate their care needs and direct their care. We firmly believe this work will be essential in meeting the triple aim and improving the quality of care our members receive from both our plan's health care providers and IHSS workers. As a health plan, the potential benefits of the training to significantly reduce avoidable emergency room visits, inpatient hospitalizations, and nursing home length of stays are tremendous. CLTCEC has also demonstrated that they are able to reach populations that are traditionally underserved and hard-to-reach, giving us different avenues of access to members we may otherwise have difficulty reaching. The training is a valuable opportunity to achieve savings and improve the health and well-being of our members.

We reiterate our support and confidence in CLTCEC's transformative efforts to optimize the value of IHSS workers through education for the benefit of public health, publicly funded health care systems, and most importantly, for our members. CLTCEC will shine a light on the pivotal role that IHSS workers can play in health care delivery in helping to meet the triple aim specifically by improving healthcare and quality outcomes, and promoting home and community-based care. We look forward to continuing our support for CLTCEC in its efforts to promote and sustain this seminal training to maximize the potential of IHSS workers.

Sincerely,

A handwritten signature in cursive script that reads "Patricia R. Tanquary". The signature is written in black ink and is positioned above a horizontal dotted line.

Patricia Tanquary, MSSW, MPH, PhD
Chief Executive Officer

January 20, 2015

Ms. Mari Cantwell
Chief Deputy Director
California Department of Health Care Services
1501 Capitol Avenue
Sacramento, CA 95814-5005

Dear Ms. Cantwell:

I am writing this letter in support of the California Long-Term Care Education Center's (CLTCEC) proposal to continue its pioneering work to train In-Home Supportive Services (IHSS) workers and integrate them onto their consumers' health care teams in the role of an Advanced Aide. Specifically, we support CLTCEC's proposal to use 1115 Waiver funds to train 35% of IHSS workers in the role of an Advanced Aide in the seven (7) counties that are currently participating in the Coordinated Care Initiative (CCI), and in two (2) counties that will participate in the next CCI round, over the five (5) year period that is covered by this 1115 Waiver. As you know, one of the central goals of CCI is to improve care coordination to dual eligible recipients who enroll in a managed care plan, thereby improving care and reducing costs. CLTCEC's Advanced Aide program fits perfectly into that paradigm.

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Ms. Mari Cantwell
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Sincerely,



Anna Tran
Chief Executive Officer

INNOVATIONS IN HOME CARE

Better Health. Better Care. Lower Costs.

St. John's Enhanced Home Care Pilot Program

The St. John's Well Child and Family Center, an independent network of Federally Qualified Health Centers in central and south Los Angeles, was awarded an innovation challenge grant from the Tides Foundation–Community Clinics Initiative to improve integration of care and health outcomes for seniors and individuals living with disabilities who use long term services and supports (LTSS). This *Enhanced Home Care Pilot Program*, which began in January 2012 and concluded in December 2012, is one of the first known models that specifically tied coordination of care and an enhanced role for home care workers with the Triple Aim goals of better health, better care, and lower costs.¹

The pilot included 97 participant-provider pairs: older adults and individuals living with disabilities who receive services through California's In-Home Support Services (IHSS) program, and their IHSS home care providers. To achieve successful integration, participants agreed to let their home care providers become part of their patient-centered healthcare team. And, home care providers agreed to participate in additional training better equipping them to play an enhanced role, specifically in the areas of team-based communication with the participant's care coordinator and medical provider, coordination of certain health

and related services, and acquisition of supplemental skills relating to paramedical tasks and chronic disease management.

Data analysis indicates the pilot was successful in demonstrating positive outcomes in each of the three goal areas. A few notable examples include:

- Better Health – Participants displayed a sharp rise in measured healthy days, greater adherence to medications, and less utilization of acute and emergency services.
- Better Care – Participants reported higher rates of satisfaction with the experience and quality of medical services received during the pilot.
- Lower Cost – Participants demonstrated marked decreases in the use of hospital and emergency room services, known drivers of healthcare costs.

This pilot was successful in linking an innovative model of care to improved Triple Aim outcomes. By improving health, improving quality of care and reducing costs, these innovative models of service delivery have great potential to transform healthcare in America.

Innovative service delivery approaches show great potential for transforming healthcare in America by improving health, improving quality and satisfaction, and lowering overall healthcare costs.

Methodology

St. John's Enhanced Home Care Pilot Program: Design and Data Collection Methodology.

Selection of Participants and Providers

Project participants were recruited from a group of older adults and individuals with disabilities who receive services through both the S. Mark Taper Chronic Disease and Environmental Health Center one of the clinics in the St. John's network, and California's In-Home Support Services program (IHSS). To join the project, participants and their IHSS home care providers had to agree to participate as pairs. All participation was voluntary.

Testing Enhanced Roles for Home Care Providers

The project focused on two core components:

- better integration of clinic and home-based services; and
- the capacity for home care providers to play an enhanced role on the care team and in the delivery of services.

To reach this level of integration and enhanced service delivery, it was essential for the providers to be meaningfully engaged in the planning, communication and coordination processes, and to expand the skills needed for use in the home. To accomplish this, a care coordinator position was created and a specialized home care worker training program was built into the pilot design.

Designing the Care Coordinator Position

A care coordinator position was developed specifically to support the integration of clinic and home-based services. The care coordinator acted as the primary contact for the home care provider as well as the conduit through which all clinic-based services were coordinated for project participants. The care coordinator was also responsible for the majority of project data collection activities.

Home care providers participated in an introductory meeting with the participant and the care coordinator. This initial meeting was followed by weekly check-ins between the home care provider and the care coordinator, as well as the participant and the care coordinator, for the remainder of the project. The weekly check-ins were intended to offer an opportunity to discuss health status, treatment progress, need for additional medical and/or other services, medical appointments, and other issues as necessary.

Training Design and Process

The specialized training program for home care providers was developed by drawing on several sources: training proposed by the Congress of California Seniors (CCS); a review of the existing California Long Term Care Education Center (CLTCEC) curriculum; and focus groups consisting of home care providers.²

The training was conducted by CLTCEC instructors and included modules on the IHSS system, life quality for participants, activities of daily living, home safety and fall prevention techniques, paramedical services, mobility and transferring, nutrition, strategies for medication adherence and medication compliance, and

mental health. Post-testing was administered to participating home care providers as a means for measuring knowledge retention.

Enrollment and Baseline Data Collection

One hundred ninety-four individuals participated in the program—97 IHSS participants and their 97 home care providers.³ Once the participant-provider pairs were formally enrolled in the program, baseline data was collected that included:

- participants' general health and sense of well-being;
- functional status for activities of daily living (ADLs);
- satisfaction with various aspects of care;
- recent hospitalizations and emergency room visits; and
- medication adherence behaviors.⁴

The same data collection categories were used with participants throughout the pilot project. Depending upon the measure, some participant data was collected only at baseline and conclusion while other data was recorded at up to five points throughout the course of their participation in the pilot.

Participants were asked about their satisfaction with St. John's, whether the provider attended the participant's medical appointments, and their satisfaction with the project at both the beginning and the end of the pilot.

Home care providers were tested on skills and knowledge acquired at the conclusion of their training program.

Triple Aim Outcomes

The pilot program aimed to show improvements in Triple Aim areas of improved health, improved quality of care, and reduced overall healthcare costs. In every measured variable, the pilot was successful in demonstrating positive outcomes in these three goal areas.

1. Participants Experienced Better Health

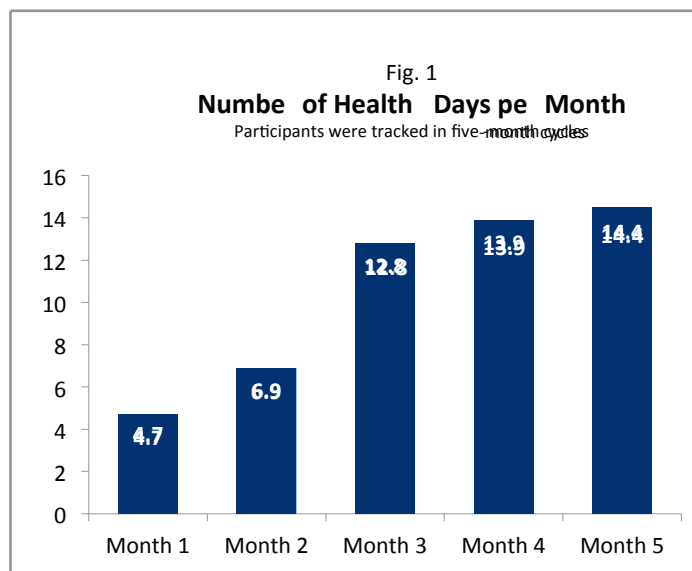
In every variable measured, participants displayed significantly better health at the conclusion of the pilot than at the start of the project. For variables that were measured multiple times during the pilot, a clear progression toward better health is seen over the course of their participation. Additionally, participants' self-reported assessments of their own physical and mental well-being indicated a belief that their health had improved as a result of participation in the pilot.

Increase in Number of “Healthy Days”

The overall health status of each participant was measured using the Center for Disease Control's Health Related Quality of Life instrument.⁵ Data on participants' physical, mental and emotional health were collected at baseline and at every month thereafter. These data were then translated into a measurement

of “healthy days” and “unhealthy days” per month. Participants showed a sharp increase in measured “healthy days”; from the beginning to the end of the program, participants’ “healthy days” increased from an average of 4.7 healthy days per month to an average of 14.4 healthy days per month.

Number of Healthy Days Tripled



Near Unanimous Agreement that Overall Health Benefitted

All participants were asked at the pilot’s conclusion whether they agreed or disagreed their health had benefitted from participating in the program. On a scale ranging from “strongly agree” to “strongly disagree,” an astounding 85 percent of participants “strongly agreed” their health had benefitted from participating in the program. An additional 13 percent “somewhat agreed,” bringing the total of those who agreed their health had benefitted to a near unanimous 98 percent. Remarkably, no participants “somewhat” or “strongly” disagreed their health had benefitted.

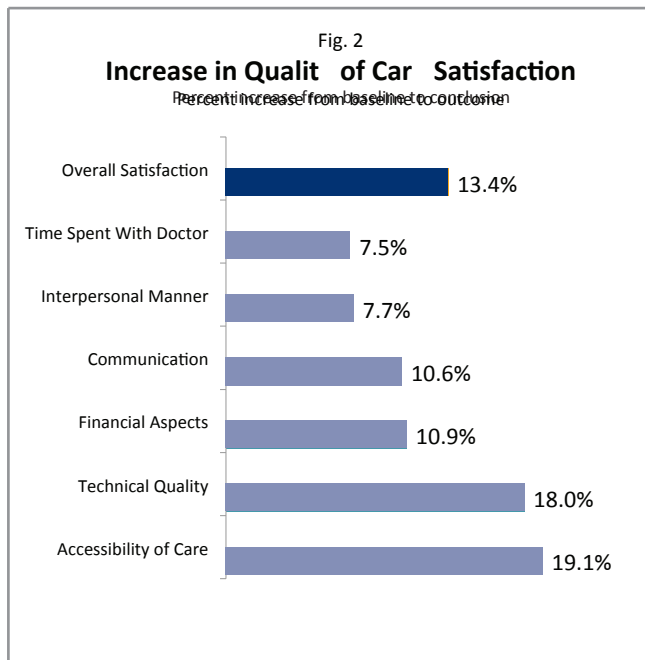
2. Participants Experienced Better Care

Participants’ satisfaction with the quality of care they received increased over the course of the pilot. Additionally, participants displayed high levels of satisfaction with their doctor and with the St. John’s clinic.

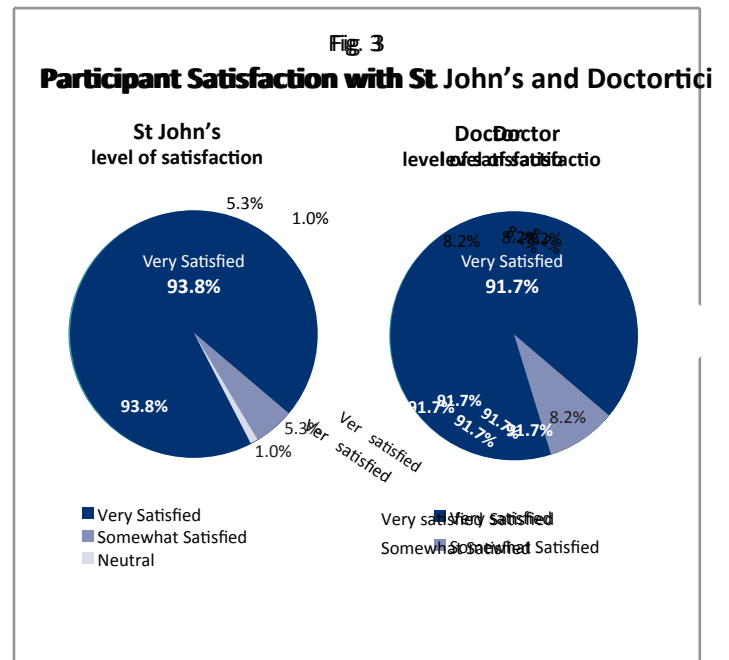
High Satisfaction with Quality of Care

Participants were asked to evaluate the quality of care they received during the pilot. As shown in the chart below, participants’ satisfaction with overall quality of care from the time they enrolled in the pilot to its conclusion increased by an average of 13.4 percent. The chart also depicts improvements in specific areas, such as satisfaction with the *technical* quality of care.

Satisfaction with Quality of Care Increased in All Categories ⁴



Participants “Very Satisfied” With St. John’s and their Doctor



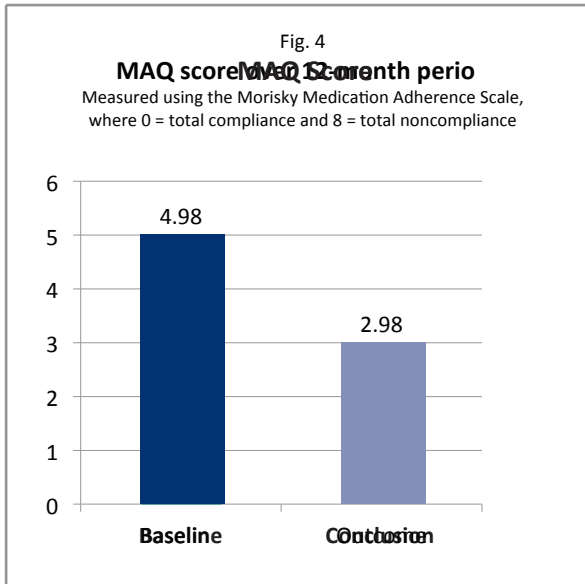
When the pilot concluded, participants answered several questions regarding the St. John’s facility and the quality of the care they received through its clinics. More than 93 percent of participants reported they were “very satisfied” with the care at St. John’s. Likewise, when asked to assess their satisfaction with their doctor, 91.7 percent responded “very satisfied.”

3. Enhanced Home Care Can Lead to Lower Costs

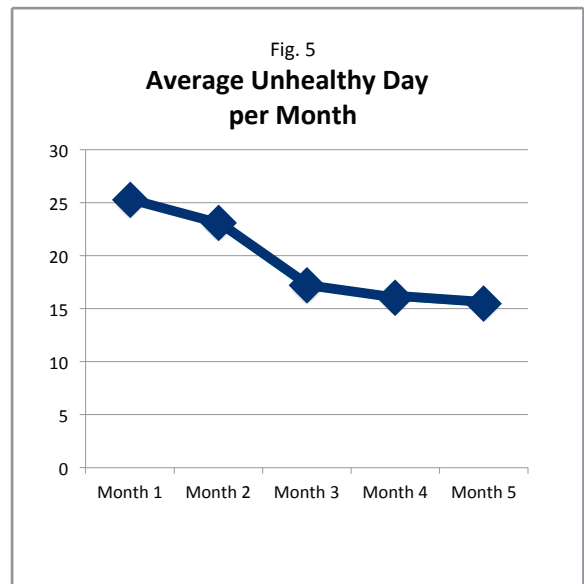
The pilot measured changes in cost indirectly by analyzing changes in participants’ medication compliance, decrease in unhealthy days, and their rates of hospitalization and emergency room usage over the course of the pilot. Each of the variables displayed marked improvements over the course of the pilot, supporting the conclusion that enhanced home care could lead to cost savings by improving medication compliance and reducing the use of more costly healthcare services.

In total, participants displayed a 40 percent improvement in medication compliance over the course of the pilot. Medication compliance was measured using the Morisky Medication Adherence Scale, which measures participants’ compliance with respect to medication timing, dosage and frequency of taking medicine. Scores are scaled between 0 and 8; a lower number indicates better compliance. Participants received an average score of 4.98/8.00 at baseline and an average score of 2.98/8.00 at the conclusion of the pilot.

Participants' Medication Non-Compliance Decreased by 40 Percent



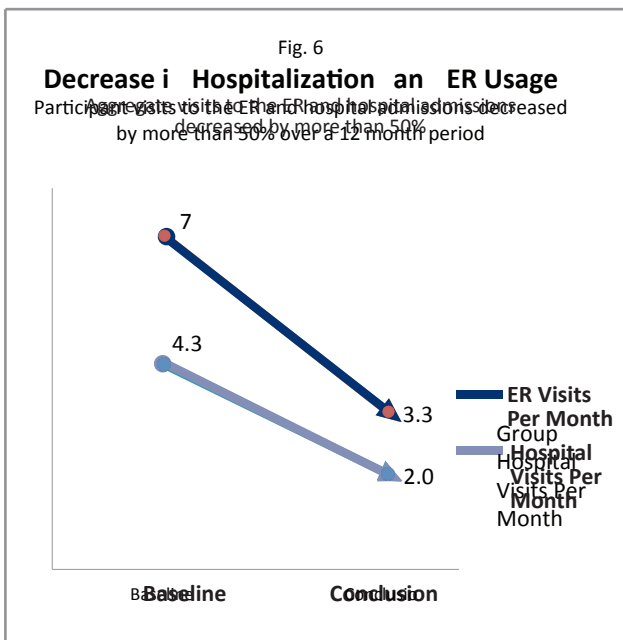
Participants Experienced Fewer Unhealthy Days



The number of measured “unhealthy days” showed a sharp decrease, from 25.3 unhealthy days at baseline to 15.6 unhealthy days per month at the pilot’s conclusion.

Participants displayed a notable reduction in both hospital and emergency room use over the course of the study. As shown by the chart below, hospitalizations and emergency room use decreased by more than half during the course of the pilot. The group of 97 averaged seven visits to the emergency room each month when the pilot began. By the end they were making about three trips to the emergency room. Hospitalizations showed similar results, decreasing from an aggregate of 4.3 hospital admissions per month to two.

Hospital Admissions and ER Usage Decreased by Half



Integration of Home Care Providers

Final project outcomes met or exceeded the pilot’s initial goals in every measured variable.

The success of the St. John’s pilot program was measured both by participants’ health outcomes and by the degree of home care provider integration. As discussed previously, participants’ health outcomes met or exceeded the pilot’s initial goals. Similarly, the pilot also achieved a very high level of provider integration.

Integration between the clinic and home-based services occurred by expanding home care providers’ health-related knowledge and skills, by allowing trained providers to perform enhanced tasks in the home, and by integrating these providers into their participants’ larger medical and social care team.

Provider Training and Care Team Integration Initiatives Were Successful

Nearly all home care providers participated in the pilot’s integration initiatives. As shown below, vast majorities of providers attended medical visits, completed check-ins, attended training, and passed training tests.

Level of Participation by Home Care Providers

Attended **79%** of all medical visits over the course of the program.

Completed successful check-ins with care coordinators **85%** of all weeks.

Attended **90%** of all training sessions.

Achieved highly proficient scores **93%** of the time on post-tests.⁶

Participants Were Satisfied with Provider Integration

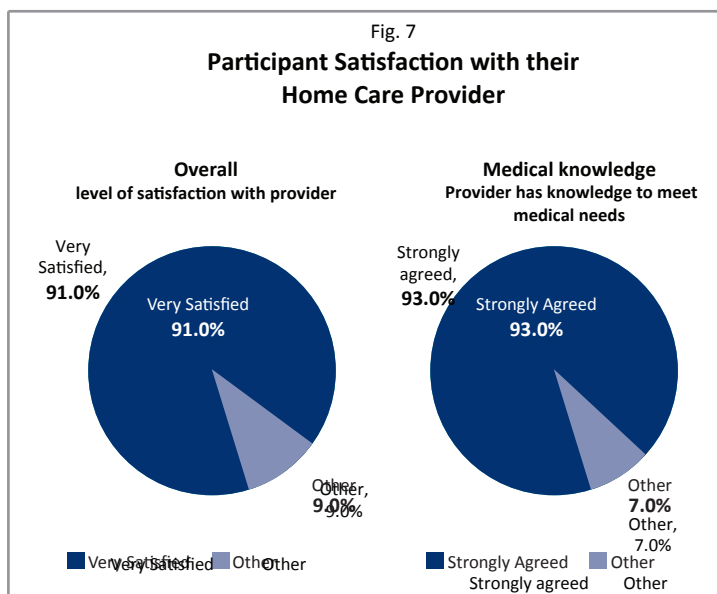
Participants were pleased with their home care providers and believed they understood their medical needs. Ninety-one percent of participants indicated they were “very satisfied” with their home care provider, and 93 percent said they “strongly agreed” their home care provider was knowledgeable about their medical needs.

Providers Gained New Skills

At the conclusion of the program, participants were asked to share how their home care had improved as a result of their providers participating in the program. Improved care was noted in providers’ ability to perform more highly skilled activities, such as:

- taking vital signs;
- administering CPR;
- assisting with activities such as transferring; and
- helping with medications.

High Rate of Satisfaction with Providers



Conclusion

St. John's Enhanced Care Pilot Program proves that involving home care workers in new and innovative ways produces highly positive outcomes for all involved.

Home care providers frequently spend more time with individuals needing long term services and supports than any other medical and social service providers. They are uniquely well-positioned to make a positive and significant contribution to meeting Triple Aim goals of better health, better care and lower healthcare costs. Little effort has been made, however, to collect and analyze data relating to an expanded role for home care providers in achieving these outcomes for a significant and growing segment of the population.

The Enhanced Home Care Pilot was one of the first attempts to measure whether integrating home care providers into participants' care teams via communication, coordination and delivering enhanced services could improve health, improve experience, and lower healthcare costs. To achieve successful integration, participants allowed their home care providers to become part of their patient-centered healthcare team. Subsequently, home care providers participated in additional training which equipped them to play an enhanced role, specifically in the areas of team-based communication with the participant's care coordinator and medical provider, coordination of certain health and related services, and acquisition of supplemental skills relating to the delivery of paramedical tasks and chronic disease management.

This pilot was very successful in linking an innovative model of service delivery involving better integration

and expanded roles for home care workers to improved Triple Aim outcomes.

The sharp rise in measured "healthy days" is a clear sign of better health. The increase in satisfaction with the quality of medical care received suggests a better experience with care. Significant increases in medication compliance, marked decrease in unhealthy days, hospitalizations, and less frequent emergency room visits indicate better health as well as lower healthcare costs attributed to a drop in utilization of known cost drivers.

The enormous potential for home care providers to effect change by serving in an enhanced role remains largely unexplored and deserves serious examination from the healthcare industry.

Future projects can build upon the success of this pilot to better understand the impact of incorporating home care providers into care teams and performing enhanced tasks. Other critical dimensions to be considered include the use of technology to improve integration and communication, more rigorous tracking of healthcare cost data, measuring workforce performance standards and effectiveness, and assessing job quality and satisfaction. If the healthcare industry is to fully achieve the goals of the Triple Aim and realize an innovative 21st century service delivery system, then the home care workforce must be an integral part of this transformation.

1 The Triple Aim was developed by the Institute for Healthcare Improvement as a framework for enhancing health system performance in three dimensions- improving health of populations; improving patient experience; and, reducing per capita health care costs. <http://www.ihp.org/engage/initiatives/TripleAim/Pages/default.aspx>.

2 The California Long-Term Care Education Center was established in 2000 by SEIU-United Long Term Care Workers (SEIU-ULTCW). Currently the CLTCEC is the largest educator of IHSS providers in California, serving more than 5,000 people per year and offering training in more than five languages.

3 The grant called for enrolling three cohorts of participants and providers. The first and second cohorts were combined and enrolled 68 individuals (34 home care providers and 34 IHSS participants); while the third cohort enrolled 126 individuals (63 home care providers and 63 IHSS participants).

4 Data instruments used include the Morisky Medication Adherence Questionnaire (measuring medication adherence), the Centers for Disease Control's Health-Related Quality of Life (HRQOL) questionnaire with specific use of the Unhealthy Days Index (measuring healthy days and unhealthy days), and the short form (PSQ-18) of the RAND Patient Satisfaction Questionnaire. In addition, data was collected by program staff on participants' satisfaction with St. John's and the pilot program, and whether the provider attended the participants' medical appointments. Participants also self-reported their numbers of hospital and emergency room admissions.

5 See "CDC-Health Related Quality of Life" at <http://www.cdc.gov/hrqol/> for more on this instrument.

6 "Highly proficient" was a score of 80 percent or higher.

The Service Employees International Union (SEIU) unites 2 million diverse members in the United States, Canada and Puerto Rico. SEIU members working in the healthcare industry, public sector and in property services believe in the power of joining together on the job to win higher wages, benefits and create better communities, while fighting for a more just society and an economy that works for all of us, not just corporations and the wealthy.

www.seiu.org

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1115 MEDI-CAL WAIVER

County by County 5 Year Summary

Expense Category	Los Angeles	San Diego	Orange County	San Bernadino	Santa Clara	San Mateo	Riverside County	Alameda County	Contra Costa	Grand Total
Payroll, Taxes & Benefits-Staff	\$ 51,169,758	\$ 11,352,174	\$ 11,340,917	\$ 8,867,809	\$ 8,840,486	\$ 5,064,304	\$ 11,472,705	\$ 2,093,826	\$ 1,212,847	\$ 111,414,826
Payroll, Taxes & Benefits-Trainees	\$ 27,442,189	\$ 4,524,842	\$ 4,215,227	\$ 3,423,658	\$ 4,618,250	\$ 1,257,812	\$ 6,037,500	\$ 899,156	\$ 308,344	\$ 52,726,978
Program Materials & Supplies	2,909,480	482,160	482,160	400,260	374,324	133,420	533,680	80,250	28,590	\$ 5,424,324
Professional Service	1,182,350	610,224	608,755	588,810	585,243	526,243	625,973	116,264	55,577	\$ 4,899,439
Program Equipment	600,600	109,200	109,200	81,900	81,900	27,300	109,200	17,550	5,850	\$ 1,142,700
Mileage & Gas	100,100	18,200	18,200	13,650	13,650	4,550	18,200	2,730	910	\$ 190,190
Facility Rental	9,075,970	1,498,693	1,498,693	1,249,466	1,165,650	416,858	1,665,215	265,902	95,091	\$ 16,931,538
Cell Phones	583,028	98,787	96,904	81,213	86,025	31,619	115,639	17,578	6,775	\$ 1,117,570
Equipment Lease	25,270	25,270	25,270	25,270	25,270	25,270	25,270	5,415	5,415	\$ 187,720
General Office Supplies	149,646	24,710	24,710	20,594	19,222	6,860	27,454	4,119	1,470	\$ 278,785
Printing & Duplication	230,978	53,373	50,419	47,521	45,575	28,005	57,279	10,639	6,874	\$ 530,663
Classified Advertising	7,700	1,400	1,400	1,400	1,400	700	1,400	300	150	\$ 15,850
Legal Services	152,638	24,658	24,327	19,866	19,068	5,871	28,178	6,038	6,038	\$ 286,682
Airfare	-	7,500	7,500	-	7,500	7,500	-	7,500	2,500	\$ 40,000
Meals & Per Diems	-	1,200	1,200	-	1,200	1,200	-	1,200	400	\$ 6,400
Lodging	-	6,000	6,000	-	6,000	6,000	-	6,000	2,000	\$ 32,000
Postage & Delivery	22,433	3,705	3,705	3,089	2,880	1,031	4,116	617	221	\$ 41,797
Contingencies	18,750,000	3,854,000	3,789,000	3,054,000	3,267,000	1,606,000	4,229,000	808,000	447,000	\$ 39,804,000
Indirect Costs	2,248,044	453,922	446,072	357,570	383,214	183,010	499,016	86,862	43,722	\$ 4,701,432
Total	\$ 114,650,184	\$ 23,150,018	\$ 22,749,659	\$ 18,236,076	\$ 19,543,857	\$ 9,333,553	\$ 25,449,825	\$ 4,429,946	\$ 2,229,774	\$ 239,772,894