

Challenges and Opportunities

IHSS

October 3, 2013



About Alameda County

- 19,500 Clients
- 17,800 Providers
- 56% Language Cases
- Urban Area, high poverty
- 2% Growth rate



Coming From Behind

Did we enter into the pilot because we are a model IHSS program?

Timely reassessments

Intake backlog

Challenging Labor Relations

County Hiring Freeze

Stagnant IHSS Administrative Funding

System Challenges

Multiple New Program Requirements

- Benefit reductions and reversals
- Provider Enrollment
- CFCO
- CMIPS II
- Fraud Prevention...funded...unfunded
- Quality Assurance

Coming Soon:

- Overtime

So What Are We Thinking



- Improve Care Coordination
- Opportunities for system changes
- Inform Process
- Establish a relationship with health care providers
- Recognized limitations of the IHSS Program

Who is Involved

- **Local Partners**

- Alameda Alliance for Health
- Anthem Blue Cross
- Alameda County Health Care Services Agency
- Area Agency on Aging
- IHSS
- Multipurpose Senior Support Program
- Community Based Adult Services



MOE Budget

- Administrative Allocation Set at 11/12 actual
- 3.5% Annual Inflation Adjustment
- Admin expenditures which exceed the MOE are split 65/35% Fed and State funding.

- **NO COUNTY COST FOR INCREASED ADMINISTRATIVE SPENDING**

What do we really need?

With San Diego's leadership, the 8 counties compared staffing, caseloads and state budget rationale for staffing levels to make IHSS whole and assure compliance.



Timeline

October – Phase in program changes

November – Hire new staff

December – Staff training

January – March: Complete process planning with Health Plans (data, communication, procedures)

April- Duals Implementation



What we need to do.....

- Reduce case assignments
- Clean up the Web-files backlog
- Improve fraud detection and error correction
- Eliminate overdue assessments
- Eliminate intake backlog
- Increase case management activity
- Improve payroll functioning (document control and reconciliations)

Staffing

- Training staff specific to Aging and IHSS
- 5 Additional IHSS Managers
- Additional Clerical support
- 22 Social Workers
 - Reduces caseloads from 384 to 269
 - Adds a Nursing Home Transitions Coordinator
- Health Care Services Partnership
 - Increases Public Health Nurses from 3 to 6
 - Provides for a Hospice Coordinator
- *waiting for BOS approval



Program Changes

- Create Care Coordination Teams facilitated by PHN's
- Provide In-service Training and Care Management to high risk cases
 - Nursing Home Transitions
 - Children
 - Terminally Ill
 - Mental Health/Dementia
 - Paramedical



Area Agency on Aging

- Area Agency on Aging funds and monitors all aging services identified in the State/Federal plan
 - Community services under the AAA can be made available to dually eligible clients
- Meals
 - Minor Home Modification
 - Etc.
 - Developed a Methodology for charging the health plans to provide these services through expansion of existing contracts at full cost.

Resources

- New IHSS Budget
 - More staff
 - Reduced case assignments
 - Additional Supports to workers
 - Access to better resources
 - Coordination with Health Care Services
 - Coordination with Area Agency on Aging



Health Plan Partners

- Alameda Alliance for Health
 - Small, nimble, fast moving and tests every idea fully. “we are offering these services to all our MediCal members”.....”we want to start nursing home transitions next week”
- Anthem Blue Cross
 - Large....especially after recent mergers. Corporate language requiring us to learn “managed care” .

