QuILTTSS and Carebridge:
Introduction to United Healthcare Community & State Tennessee Healthplan
John Madondo, RN, MSN, FNP

Chief Executive Officer
UnitedHealthcare Community Plan of Mass

John_Madondo@uhc.com

Role:
Health Plan SME on serving Elderly, Physically Disabled and people with I/DD

Experience:
• 25 plus years of leadership and clinical experience working with chronically ill or people with Intellectual and Developmental Disabilities
• Cofounded two organizations who provided home care and skilled nursing for people with I/DD
• Cofounded a primary care clinic with a focus on providing care to people with ID
Tonya D. Copeland, MBA

Vice President of Solutioning
UnitedHealthcare Community and State
Tonya_D_Copeland@uhc.com

Role:
SME serving people with I/DD

Experience:
• 20 plus years of experience working with people with Intellectual and Developmental Disabilities
• Led two multi-state provider agencies
• Family member of person with I/DD
Tennessee Direct Support Professional Apprenticeship
Supporting Tennesseans with intellectual and developmental disabilities
What are Direct Support Professionals?

• Direct Support Professionals (DSPs) assist people with intellectual or developmental disabilities.

• Help the people they serve lead more self-sufficient lives and assist with everyday tasks.

• Provide support, training, supervision and personal assistance.

• Function as care workers, home health aides, job coaches and personal care aides.
The need for DSPs is growing.

- Current direct care workforce employs 4.5 million workers.
- Between 2018 and 2028, more than 1.3 million jobs will be added.
- An additional 6.9 million jobs will be needed as DSPs leave the field or retire.
- Like many states, Tennessee will be challenged to ensure enough DSPs to meet the need for direct care.

Source: PHI, https://phinational.org/policy-research/key-facts-faq/
The Apprenticeship Solution

• Specialized training and employment programs that offer structured, supervised, on-the-job learning to develop new skills.
• Registered with the U.S. Department of Labor and provide national recognized job credentials.
Apprenticeships are a financially beneficial workforce training method

$1.47
Return on investment
On average, employers realize a return on investment of $1.47 for every $1 invested in apprenticeships.

$28
Benefits
Every $1 invested in apprenticeships leads to a public return of approximately $28 in benefits.

91%
Retention
Apprentices experience lower turnover rates; 91% of apprentices that complete an apprenticeship are still employed 9 months later.

Benefits of Apprenticeships

For Employers
• Increase talent pipeline.
• Decrease recruitment costs.
• Potential funding to reduce training expenses.
• Access to industry-leading, competency-based program.
• Develop highly skilled workforce that improves job satisfaction and improves outcomes for clients.

For Apprentices
• One-year, paid program to develop skills.
• Nationally recognized credential.
• Step-by-step approach to gain job-specific knowledge.
• Guaranteed wage increases during the program.
• Learn alongside experienced staff.
• Training may be eligible for college credit at participating schools.
Public-Nonprofit-Private Partnership

Goal
Drive connections between employers and apprentices to create a robust supply of skilled DSPs to meet the needs of Tennesseans.
Nationally-Recognized Credential

- Apprentice program completers earn nationally-recognized credential
- Certifies job proficiency
- Industry-valued certification
- Increases worker mobility while ensuring competitive pay
- Increases employers’ competitive advantage when bidding on federal or other government contracts
• **Quality Improvement in Long Term Services and Supports** or **QuILTSS** is a value-based purchasing initiative, led by the Bureau of TennCare, to promote the delivery of high quality Long Term Services and Supports (LTSS), focusing on the performance measures that are most important to people who receive LTSS and their families.

• The QuILTSS Institute is the program sponsor responsible for the overall operation of the program

• Regardless of who serves as the sponsor, apprenticeships are always employer-driven and employers are involved throughout the process.
Structured On-the-Job Training

The term of the apprenticeship is 1 year with an On-the-Job attainment of 2000 hours
- Role of the Direct Support Professional
- Person Rights and Confidentiality
- Communication and Problem-Solving Skills
- Personal Care Skills
- Health Related Tasks
- In-Home and Nutritional Support
- Infection Control
- Safety
- Understanding the needs of various groups of persons
Related Instruction

The OJT is supplemented by 428-444 hours of related instruction

- **Phase One**
  - ECF CHOICES/HCBS

- **Phase Two**
  - Person-Centered Practices in LTSS
  - Professionalism and Ethics in LTSS
  - Communication in LTSS
  - Evaluation and Observation in LTSS
  - Community Living Skills & Supports in LTSS
  - Community Inclusion & Networking in LTSS
  - Empowerment & Advocacy in LTSS
  - Health & Wellness in LTSS
  - Cultural Competency in LTSS
  - Crisis Prevention & Intervention in LTSS
  - Safety in LTSS
  - Education, Training & Self-Development in LTSS

- **Phase Three**
  - Dementia Specialist
  - Job Coach
  - Job Developer

Apprentices wages are progressively increased based on either a percentage or dollar amount.
Provider Involvement

• Complete an employer orientation conducted by The QuILTSS Institute

• Become knowledgeable in the RAPIDS reporting system

• Comply with the Equal Employment Opportunity and Affirmative Action provisions

• Submit apprenticeship agreement and course training fees* to The QuiLTSS Institute

• Provide safety training for apprentices on-the-job and in related instruction

• Adhere to the wage progression scale

• Allow the Apprentice’s coach from The QuiLTSS Institute to check in with the supervisor

*The QuiLTSS Institute will collect course training fees equal to Eight Hundred and Forty Dollars ($840.00) per Apprentice to administer training
Is it Right for You?

Do you have…

- Jobs for which it is difficult to find workers with the right skills?
- Positions with high turnover?
- Occupations where a highly skilled workforce is retiring?
- Challenges helping workers keep pace with continuing advances?
- Positions requiring skills that can be learned on the job?
- Difficulty in attracting new and more diverse talent pools?

*If “yes” to any of the above, then apprenticeship is the right strategy to meet your needs for skilled workers.*
UHC Tennessee & CareBridge Partnership Overview

November 2021
Overview of UHC TN & CareBridge Partnership

• UHC TN and CareBridge launched a new & innovative value-based care model in 2020 that connects HCBS members with 24/7 access to a physician-led interdisciplinary team

• Our shared objective is to enable this vulnerable population to continue living independently in the comfort of their own home instead of in a facility

• The model leverages existing paid caregivers in the home & EVV technology to provide enhanced and constant support to these members

• The health plan care coordinator remains the “quarterback” of the patient’s care and now has access to a specialized medical group to offer extended capabilities

• CareBridge also works closely with the member’s PCP and helps coordinate care including referrals, medications, and hospital discharges
24/7 Member Support Overview

• The model provides enhanced care for a health plan’s high-risk HCBS members

• Upon inclusion of the program, CareBridge performs comprehensive clinical assessment

• CareBridge’s team establishes a value-based relationship with home care agencies and caregivers

• Caregivers answer a few individualized questions during home care visit which alert the CareBridge team when proactive outreach is needed

• Our technology-first model enables us to serve geographically diverse members & reduce disparities

• CareBridge practitioners conduct visits via a CareBridge-provided cellular Wi-Fi-enabled tablets or a member’s phone

Access to a “red button” to see a CareBridge clinician 24 hours a day, 7 days a week
Enhanced & Collaborative Ecosystem

MEMBER, PERSONAL ASSISTANTS and NATURAL SUPPORTS, PCP AND SPECIALISTS, HOME HEALTH, ETC.

© 2020 United HealthCare Services, Inc. All rights reserved.
Member Story: Harold

Member Background
- 63-year-old living in rural area of Tennessee
- Managing Parkinson’s, CKD Stage 3, morbid obesity, bipolarism, poorly controlled diabetes, and CVA with hemiplegia

CareBridge Experience
- CareBridge conducted a Comprehensive Clinical video visit via the tablet where the member reported recent lower leg cellulitis
- Any unmanaged changes to his leg would prompt an ER visit and likely a hospitalization
- CareBridge worked with patient daily to every 3 days on changing his Insulin regimen – when we started his glucose was >400 on his glucometer, now in the 100-200 range
- Monitoring wound care recommendations and leg has been improving
- CareBridge Social worker completed Advance Care planning with member
- Member and Caregiver used the “red button” to connect with the CareBridge team when they have a symptom management question

Follow-up Plan
- Follow up completed with member while paid caregiver is in the home to follow symptom management and wound care regimen
- Facilitated a referral to an Endocrinologist
- CareBridge team communicated and coordinated with the Diagnosis from CareBridge 24/7 tablet camera
Results and Outcomes

Inpatient Admissions Per 1,000 Decreased by 12.4%

SNF Admissions Per 1,000 Decreased by 46.6%

Over 85% of Targeted HEDIS Quality Measures Closed

Member Net Promoter Score of 84

UHC Tennessee and CareBridge have received great input and support from TennCare, Tennessee’s Medicaid program