June 10, 2015   
  
  
>> Good afternoon, everybody. I am [indiscernible] of the national Council on independent living. Thanks to all of you for joining us today on our newest webinar and teleconference, expanding or CIL's capacity for fee-for-service.   
  
Today's webinar is of the sleep part of the new [indiscernible] national training and assistance program of the independent living research utilization program, I RL you, in Houston Texas.   
  
And those of us here at the national Council of Independent living in Washington helped to organize and facilitate today' is program as we do with all of the NCL webinars.   
  
Support for NCL in today's predation was provided by the IL program at ACL.   
  
So we are recording today's call, as we always do. So you can archive it on the website, so please do keep that in mind whether it is for you or maybe a colleague that cannot join live today. All of our trainings are posted so that you can access them on demand.   
  
But we will break several times during the presentation today to take your questions. So we have to end a sessions throughout. I will repeat the instructions for asking questions each time we take a Q&A take so you know. If you are on the webinar you can type your question in the chat screen, and you can do that by entering your question or comment in the text box underneath the list of attendees and hitting enter.   
  
We will receive them as they come in, and you should see them appear as well. Just know we will wait until the Q&A sessions to address them.   
  
Also I am logged in to the fullscreen cart captioning. That URL for the full page of CART captioning was included in your connection instructions in the confirmation email, so while the captions are in that little captioning pod at the bottom of the screen, if you would like a bigger display you can use that CC productions link from the confirmation.   
  
So I am logged into the chat there, and if you will be focused on the fullscreen cart, you are welcome to the questionnaire and I will voice it to the two and a break.   
  
I also want to mention this PowerPoint presentation that Eli has put together for us. It will display automatically for the majority of you that are logged into the webinar.   
  
For those of you that are just on the phone or on the fullscreen CART, you will want to have a copy of that PowerPoint open. And again, that was into you in a PDF and plaintext format in the confirmation email. So make sure you have an open, it will be a big help as you try to follow along with today's presentation.   
  
If you do not have it for any reason you can email me, I have a copy of that ready to go and I will make sure to send it to you if you do not have the PowerPoint and the.   
  
The final thing I want to mention before we get started is the evaluation form. One of the final slides in the PowerPoint today will include a live link that will take you directly to the evaluation form. You can also access that, like pretty much everything else I have mentioned, in the confirmation email I sent to you.   
  
I really want to ask that each of you that is participating take a moment to fill out that evaluation form.   
  
They are really important to us, and [indiscernible] has done a great job of making a brief so it does not take a lot of your time, but we look to the seriously as we look to improve continuous training programs. So please share that with us.   
  
If you are participating in a small group today, that is great, we encourage it, but we would really like each and every one of you to fill out an individual evaluation. So thanks in advance for doing that.   
  
I also wanted to mention a couple of things. First of all, thanks for your patience. We had a little delay getting the captioning going today so we started a couple of minutes late, and we will make sure that if necessary if we need to go until just a few minutes after 4:30 PM we do that so we give Eli the time you promised him.   
  
The other thing I want to mention is the video that Eli recorded to do the tour of quick match. Obviously a lot of what we are going to talk about today is related to that quick match program, and we lost some audio on that video as many of you probably discovered. The content was still there and the captioning, or in the transcript but you may have been confused. I know we acknowledged that in the note that went out but I wanted to say thanks for your patience, and I hope you are still able to watch the video.   
  
I did, and I still found it useful, and although I am familiar with quick match it was great intro to that. We will try to get the audio corrected as soon as possible.   
  
If you did have a chance to see the video, you are still going to want to check that out shortly after today's call, or if you need to run make time to do it tomorrow. It is only 15 or 20 minutes long, and it is really, really a lot of great insight into the details of the program that Eli is going to give a broader overview of today.   
  
So things for your time. I just wanted to mention that today.   
  
And then finally, going back to that evaluation form, as we have been doing lately one lucky person will be selected from those that fill out the evaluation to receive a $25 Amazon gift card. So I think that is a good return on investment for 50 seconds of your time.   
  
So remember to do that at the end of the call, and again, I will remind you all when we wrap up today.   
  
So I have taken more time than I usually do to mention a few things. I'm so excited to introduce our presenter for today, Eli Gelardin. Eli is the executive director of the Marin Center for Independent living in Marion County, California, and also -- Eli I consider you a young leader, and I consider it a shame that those of us who were still 30 or 35 years old are still young leaders, but I have always enjoyed working with you, and really I just appreciate that you have made time to be here today and talk about the programs that Marion has developed, and your use of technology as a fee for service, and about the quick match program to.   
  
So thanks so much from here. I'm going to click over to slide three and give you the mic.   
  
>> Thank you so much, template and as long as I'm still considered a young leader after I turn 40, I am fine with that title.   
  
Thank you so much, ILR a and [indiscernible] for inviting quick match to present today. We are just thrilled to participate in our first webinar and get started.   
  
I just want to welcome everyone from rainy California. We had our first raindrops of the summer, which is a really exciting deal over here, so I consider it a good omen.   
  
We are going to talk about quick match which is our web program that we have developed here at MCIL.   
  
So we put it matches all people with all types of disabilities with assistance to promote independent living.   
  
In terms of the objectives of the webinar, we are going to define the concept and benefits of using technology to provide IL services.   
  
Develop an effective strategy for bonding IL services to include individuals that have not previously used IL services.   
  
Identify various tactics to remain competitive with the growing private home health market while retaining the IL philosophy in service provision.   
  
And we are also going to describe our QuickMatch.org technology, which is driven by a website created by our center that matches up an individual with a personal assistant.   
  
And like Tim said, we are also going to have plenty of opportunities for Q&A.   
  
21st and with a little bit of history for Marin Center for Independent living. Way? Mann Center for Independent Living is a CIL in the San Francisco Bay area. We are the second smallest CIL in California if you go by federal funding.   
  
Yet we do serve a pretty good-sized number of folks. We serve approximately 800 individuals each year.   
  
And our County, Marin County, has the highest rate of baby boomers in the state, and over the next 10 years our senior population is expected to double in size.   
  
In terms of geography, the way I explained where we are located, Marin is the other side of the Golden gate Bridge. That's how you find us.   
  
So as a result of the increased demand -- as a result of the aging population, and the changing demographics, we have seen an increased demand for home and community-based services.   
  
There is also been a significant increase in competition for offering services.   
  
In order to meet the needs of our community as well as stay competitive, we have had to be innovative especially as a small center competing in a very large market.   
  
One of those innovations has been QuickMatch.org, our online personal assistant registry which started out as a great idea, became a program of the center, and is now quickly becoming a tool for an expanded network of CILs both in California and now across the country for providing PAS services, personal assistant services.   
  
So Marin Center for Independent living's PAS program, as I mentioned, is where it all started. And since 1979, the center has run a personal assistant registry to assist our consumers in finding affordable and experienced caregivers.   
  
Now I am going to move to the next slide.   
  
When our registry started, we primarily served individuals who were enrolled in in-home support services, which is our state consumer directed program funded by Medicaid.   
  
However, with the inception of public authorities in the early 2000s, our registry transitioned primarily to a private pay registry.   
  
We are currently serving approximately 150 individuals a year on our registry alone, and have approximately 70 active caregivers at any given time.   
  
On our registry, the consumer is the employer of record. This means they are responsible for hiring, terminating, and managing the relationship with the caregiver.   
  
They are also responsible for paying the caregiver.   
  
Caregivers must apply to be on our registry. They go through a pretty high-level screening process. They are referenced checked, we go into their backgrounds, we talk about their skills and abilities, and we really are looking for caregivers who meet a very high level of experience in order to be put on quick match.   
  
Both the consumer, as I mentioned, both the consumer and the caregiver go through the screening process and interview. So not only do we screen the caregivers, but when we are working directly with a consumer, we are also really trying to drill down on what the consumer needs are, what they are looking for, what type of support in their activities of daily living, what type of supports they have in the community, what other needs they might have.   
  
Next slide.   
  
So just talking about needs, emerging needs. So according to the American community survey, 70 percent of adults over the age of 65 will be needing a caregiver. And if you take the fact that approximately 14 percent of our country's population is over 65, we are talking about roughly 4.4 million Americans.   
  
So the market for personal assistant services, consumer directed services, it's really -- it is already expanding and it is only going to grow from here on out.   
  
In the bay area alone, this means that approximately 150 seniors and people with disabilities will be needing care support services.   
  
And as many of you know -- slide -- as independent living centers, what is the most cost-effective form of living, obviously it's living out in the community. When you look at the cost of skilled nursing, which is approximately $150,000 a year versus assisted living which is approximately $48,000 a year, and then finally averaging out the cost of a private home care provider at $20,000 a year.   
  
Not only is it an issue of quality of life -- and the independent living philosophy which we all believe in Dutch it is also an issue of finance and economic viability for our country.   
  
Next slide.   
  
My colleague and friend Alice Wong published an excellent article in disability.gov's blog entitled "Consumer directed personal care as a human right."   
  
In her article she describes the cost-effectiveness a personal care versus nursing home care and/or other medical institutions.   
  
She also discusses the value of personal directed support care like in-home services.   
  
Unfortunately, there is still a gap in services for many people with disabilities.. Not everyone has access to government care programs. To qualify for programs like in-home support services in California, and individual must meet Medicaid eligibility criteria.   
  
As we know, that is limited resources and assets.   
  
Additionally, the cost of private home care is rising. And according to Genworth financial, the median cost of private home health services is about $20 an hour with an annual -- with a five year annual growth rate of 1.32 percent, and that is nationally.   
  
Obviously it will very from place to place.   
  
So what this is all really providing is a groundwork for the fact that we really need to look at innovation and ways to offer affordable, high quality, consumer directed personal care to all people with disabilities in order to meet this care gap that our nation is going to experience.   
  
And with that we are going to have our first -- next slide -- we will have our first chance to open it up to questions and answers.   
  
>> All right, thanks, Eli. So again, if you have a question you can press star out if you are on the phone, or you can type it out on the chat. And the chat will work in either the CC productions cart screen or on the Adobe connect platform.   
  
So I will give folks about 30 seconds to enter the questions. And we have got plenty of time for Q&A today and a nice sized group, so don't be shy.   
  
Okay, first question comes from Barb, Eli, and she is wondering if the consumer/employers become I own consumers for your center.   
  
>> That's a great question, and the answer is yes, Barb. We have a tracking tool within quick match that tells us who is logging into the website, when they are contacting a PA care provider, as well as how often they are logging in, and what staff at the center will do is follow up with that consumer and ensure that their activity is being started for our 704 reports and our state reports.   
  
But also that we are merging the high-tech of the website with the high-tech of staff working directly with the consumer.   
  
>> Great, okay, thanks. Eli, Donna wanted to clarify if you do a background check on the consumer.   
  
>> That's a great question. So when I talk about quick match, I am talking about it specifically Marin Center for Independent living's quick match. Each partner has their own screening, interview, and background check process that they control as a separate ILC and a separate 501(c)(3).   
  
So far Marin Center of independent living's quick match, we do an extensive screening and reference check process. We are looking for folks with a minimum of two to three years experience providing personal care. We talk to their previous employers. We talk to other care providers who might have worked with them collaboratively on a consumer.   
  
In terms of the background check we offer, we partner with a local company that does background screening, and we offer that as an option for our consumers to use. We recommend they use it directly before hiring the care provider.   
  
And of course they are also responsible for paying for that background check and screening process.   
  
Also, some of our care providers have background checked themselves and provide that to the consumers as well.   
  
>> Okay, thanks. Donna was asking about the consumer, it sells like you do not do background checks on consumers, right? What do you?   
  
>> On the consumer side, that is an interesting question. Our staff -- we have to staff in our registry, both have been with us for a minimum of 10 years. They are very good at interviewing and assessing skill and need.   
  
We do not do a background check on a consumer, but we really are drilling down to figure out what is going on in the living situation; what is the need in terms of activities of daily living, what type of supports need to be provided beyond personal care.   
  
So staff really kind of do that I touched level of service.   
  
>> Okay, good, thanks. One of our attendees is wondering what you would consider to be the most challenging piece of starting a fee-for-service personal care program.   
  
>> That's a really good question. You know, I think the challenge for any center when you are starting a new program is committing the time, the staffing, the focus, and the follow-through to launching something new and innovative.   
  
We are all bogged down -- I should not say bogged down -- we are all committed to providing all of the core services and facilitating whatever additional local grants that we have at our center.   
  
But you know, for MCIL, again going back to our size and our community, we really saw an unmet need and we decided to, you know, focus staffing resources and energy.   
  
We have funded, we have grant written for quick match, we have developed a fee structure for clients who sign up as quick match partners.   
  
And you know, we have consulted with legal advice and other organizations on the business side and really scaled out a lot of -- built a lot of business acumen in the process.   
  
That being said, we are still really learning, and we are really still emerging as a tool both at the state and the national level.   
  
I think it really just starts with, you know, leadership and a commitment from the board and the staff to try something new and follow through on it.   
  
>> Great. Thanks, Eli. Okay, we have still got a little time left in the Q&A break, so I'm just going to give 20 more seconds to see if any other questions come through. Again, you can type them in the chat or press star pound on your phone.   
  
>> I will say one other thing we are waiting for questions. I think we all as human beings have the fear of failure. And I think failure is -- well it might be emotionally challenging to handle, it is also incredibly valuable as a learning tool. And we have to put ourselves out there. As people with disabilities, we are constantly putting ourselves out there and exploring and being innovative.   
  
When I look at independent living as a whole, I think we are entrepreneurial. We started a movement when everyone said we could not and should not. And I think it is keeping that spirit and how we launch new and innovative services.   
  
>> Good. So someone is wondering if risk management like insurance has been prohibitive? I assume they mean in terms of cost based on the program. Any experience with that?   
  
>> We have not had any issues related to insurance or anything preventing us from offering our program. We have done some legal consultation, and at this point -- knock on wood, knock on my forehead -- we have been fine.   
  
Of course with everything that centers for independent living provide out in the community, we are opening ourselves up to risk. If we install a grab bar or contract with someone to install a grab bar and that is not installed properly, there is risk in that.   
  
So I think looking at it as just another program where the center is providing a home and community-based service and the inherent risk and responsibility that comes with that.   
  
>> Okay, good. And then a final question, it looks like, is is the program supporting itself or being supplemented with other funds?   
  
>> We have gotten it to the point where it is really supporting itself. It has taken a considerable amount of work to bring quick match up to this point. We launched it for MCIL, I believe, is a program back in 2010, and did some grant writing and donor solicitation to fund that development.   
  
But where it is today, it is a viable program of the agencies, and it is continuing to grow.   
  
And what we really are excited about is when we bring on new partners, reinvesting into our technology to add more features and services, not just for MCIL, but for all of our quick match partners.   
  
And many of those you can see if you look at the demo on the website.   
  
>> Great. That's good. Okay, I am going to go to slide 16 and take it back over to you, Eli. We will take another Q&A break and slide 25.   
  
>> Thanks, Jim. So you asked some great questions. We are going to ask some more key questions.   
  
So given the background and the environment that we laid out in the first section of the presentation, how can CIL's Center for Independent living leverage new technology to expand services?   
  
How can we compete in an increasingly aggressive home and community-based services environment?   
  
What are the opportunities out there to develop new fee-for-service models for personal assistance services?   
  
And most importantly, and we meet the emerging personal care needs of individuals who do not qualify for Medicaid but who do not have the resources to hire private health companies?   
  
So now, where should we start?   
  
Next slide.   
  
For MCIL, surprise, we started with quick match! Quick match is a new delivery model for providing high all services, bringing the best of high-tech online caregiver matching web-based software through our Center for Independent living's high touch personal assistant living program par so what is quick match? As I mentioned earlier, quick match was launched in 2010 for MCIL's own internal registry.   
  
Word spread and other community-based organizations began calling to sign up.   
  
We, MCIL, recognize that quick match was more than just a web application, but an entirely new model for providing home care.   
  
And now to date quick match is it a network of six organizations in California and one organization in Missouri, and we are continuing to grow. In fact, we just signed up a new partner here in the Bay Area, the Center for independence of people with disabilities in San Mateo, which we are very excited about.   
  
The other thing just to add to this slide, we recognize that there are other tools, online databases like care.com and care links, to name two, that provide online matching. And we recognize that providing online matching is not necessarily innovative in and of itself.   
  
But the power of providing that online matching with the Center for Independent living's home and community-based services, that high touch piece is what makes the partnership between quick match and independent living centers so effective.   
  
Next slide.   
  
Why we choose to put PAS services online?   
  
Address emerging needs. Remain competitive in an increasingly aggressive home and community-based services marketplace. And also, we have the secret sauce.   
  
Years ago my predecessor, Bob Roberts, recognized the advantages of providing a virtual registry. Finding a PA, a personal assistant, is not always easy especially if there is a last-minute cancellation.   
  
Often individuals were needing personal assistant support after hours, either before 9 AM or after 5 PM.   
  
And many adult children who are supporting their older parents do not live in the area, so accessing our in-house registry in other time zones was challenging.   
  
Over the last 10 years, we have also seen a significant increase in competition for private pay personal assistance services.   
  
Many private home health businesses have entered the market each claiming to provide affordable and high-quality homecare.   
  
Many of these organizations have also claimed that some of the independent living brand is theirs.   
  
For example, they use terms like personal choice, patient centered, promoting independence and dignity. I am sure you have heard many other phrases that started in independent living and now are universally applied to private home health, hospitals, medical facilities, etc.   
  
Also these private home health businesses have been aggressively recruiting at hospitals, assisted living facilities, and nursing homes.   
  
So when we offered our personal assistant service registry before quick match, we were seeing an increasing competition with private home health companies saying well, we can do that too.   
  
But the advantage as we developed quick match was we found a new way to reach the hospitals, the discharge planners, the social workers, and say well, not only do we have an in-house registry, it can be accessed online by the consumer and by the family to really get that additional support.   
  
But going back to the secret sauce. What makes independent living centers put in such a strong position -- it really goes to that high touch service.   
  
Knowledgeable staff who promote the social model of disability and draw from their own experience as individuals with disabilities.   
  
Highly trained and skilled caregivers who know how to work under consumer direction.   
  
Affordability. The fact that the consumer is the employer of record and the personal assistant works directly for them. There is no middleman taking a percentage of the hourly rate.   
  
To give an example of this, for MCIL and many of our partners, when we are interviewing and screening care providers, we are really looking for folks who fit in an affordable range.   
  
In our area it is approximately between $16 and $21 an hour. When you compare that to a private home health agency in our area which is really charging a consumer for a care provider at a rate of between $30 and upwards of $50 an hour, it's really clear to see why going with MCIL and quick match is a much more economically viable choice.   
  
Of course also we integrate consumer choice and the consumer philosophy into our program.   
  
The consumer hires and manages the provider based on their own needs. Another note here, many home provider based agencies require a minimum number of hours in order to use their services.   
  
For example, you might only need to -- a consumer might only need four hours a week of care, perhaps just a weekend relief PA to substitute for their full-time weekday PA. Getting that kind of boutique level of support from a private home health agency can be very challenging given some of the restrictions they put on minimums.   
  
And finally, I want to mention that a lot of private home health agencies -- well, all to my knowledge -- really build in an administrative fee to the cost structure. So the hourly rate of the caregiver incorporates -- it could be 20 or 30 percent administration for the private home health agency.   
  
Our structure here at MCIL is we do not build any administrative cost into the hourly rate. So the care provider is getting the full $20 an hour. So not only is it economically viable on the consumer side because they are paying affordable hourly rate for care, it's also economically viable on the care provider side because they are getting a higher hourly rate when you factor in that no percentage of the salary is going to overhead.   
  
Next slide.   
  
What additional advantages do we, CILs, have over private home health entities?   
  
We have staff who understand the community and how to build a care registry that reflects the unique social, cultural, and economic needs of their community.   
  
CILs are nonprofits and therefore provide an affordable model, consumer focused model for home health care, which I touched upon.   
  
Also CIL provide additional services such as home modifications, assistive technology, independent living skills training, and housing referrals.   
  
So often what we see in our center is a consumer coming in in need of a care provider, but as staff kind of drill down and develop a relationship, it's clear that well, not only do they need some personal care, but they also might need a home modification or independent advocacy for public transportation, or looking for more accessible housing.   
  
So it really ask as a dovetail into all of the center's core services.   
  
CILs also bring a greater socioeconomic balance for caregivers. I touched on this point earlier. But it really is an economically viable solution over many private home health agencies that do not pay their care providers as much.   
  
In addition it provides an entry point into the workforce for caregivers who can receive job training and earn a better wage without seeing their income diluted to the overhead costs of a for profit home health agency.   
  
And most importantly in terms of advantages CILs have over private home health is that we are trusted resources that have been established for years in the community.   
  
Now, let me say that there are many well-respected home health agencies that are doing good work. But there are also many that are just coming onto the scene and setting up shop to ride the, quote, silver synonymytsunami tthat is really to the country.   
  
And I think it was real opportunity not just in personal assistance services and quick match, but across the board for centers for independent living to leverage their reputations as long-standing established resources that truly have the consumer's philosophy and the best intention of the consumers in mind.   
  
And leveraging that reputation to promote new services or existing services to this aging and disability population.   
  
Next slide.   
  
So what is working with a local CIL over a private home health agency matter? Let's meet 70-year-old Magdalena.   
  
Magdalena is representative of a real consumer who Marin Center for Independent living has served.   
  
She had a stroke. She was living independently in her community, had a stroke, found herself in the hospital rehabilitating from partial paralysis.   
  
And all of a sudden the accessible home and the active life that Magdalena was living has changed. She was now faced with the reality of discussions with her family about moving into assisted living, she was faced with the reality that the home that she had lived in for decades no longer met her access needs; there were staircases, there was no grab bars in the bathroom.   
  
And most importantly that in terms of performing Magdalena's basic activities of daily living, everything from using the shower to going to her local senior center for her senior activities, that all was going to change now that she could no longer drive and utilize transportation in the way she knew how.   
  
Fortunately, Magdalena and her family knew about the Marin Center for Independent living, and through the Marin Center for Independent living they found out about quick match.   
  
Staff interviewed Magdalena as she was transitioning back into the community, back into her home. Not only was she assessed for a home modification through our home modification program, but she was matched with a bilingual bicultural caregiver, Zoe, who assisted Magdalena with her basic activities of daily living; getting up in the morning, getting dressed, providing transportation to and from activities and medical appointments, and also really providing a social, emotional, and cultural support system since Magdalena did not live with her family.   
  
To date Magdalena is still living in the community, thriving, still active in her senior center and her church. And I think really what this highlights is the power that technology, the power that access to information and resources for Magdalena and her family had in her decision-making process.   
  
Not only did she not and up in assisted living, but through quick match and the PAS program and MCIL services, she was not only able to remain living in the community but thriving.   
  
And also I want to point out the power of the high touch. The fact that Marin Center for Independent living has a good local understanding of the social and cultural needs of our community members ensured that Magdalena was matched with the right care provider for her. Someone who connected -- who is not only able to assist her with her basic ADLs, but also provide that social and cultural support that really impacts quality of life.   
  
Next slide.   
  
So now we are opening it up to another opportunity for question and answer.   
  
>> Great. Thank you, Eli. Okay, you guys know the drill, but I will remind you again. Star pound if you are on the phone or you can type your question in chat.   
  
Looks like we've got some questions rolling in. Eli, Barbara is wondering if there is no middleman for the use of equipment program, how does the center make money? The for service? I'm not making the connection here.   
  
>> That is a great question, and we will go into that in the next session.   
  
>> Okay, great. When he has a similar question that you probably want to answer in a similar way, Eli, but she says if you do not have an administrative fee, where does the revenue come from to operate the program?   
  
>> Yes, and similarly we are going to drill into revenue and fee-for-service right after this. So we will do our best to answer this question.   
  
>> Great. Okay. It looks like some other people are typing. No questions at the moment. We will give another 30 seconds for people to type the questions out.   
  
Okay, here is a new question. Eli, Kelly is wondering I'd you get the word out about quick match to consumers and to PAs?   
  
>> That's also a great question which we are going to touch on. And there is a variety of ways. I do not want to list them right now because we are going to cover that in the next section as well. These are all great questions. But if I do not answer any of these questions, do you want more explanation after the next section, please ask again.   
  
>> Okay, good. And then Barb is wondering if you have a program manager to do the interviewing or if it is one or more things -- excuse me -- or is it one more thing that your IL coordinators have to do?   
  
>> Right. So yes, we have to IL staff dedicated to doing the interviewing and screening of both the consumers and the care providers. We also have a program manager who oversees the department and meets regularly with staff to check in and troubleshoot as needed.   
  
Occasionally, you know, issues come up. A match is not the greatest fit, or occasionally a worker does not show up, or a consumer is being hostile. In oh, a variety of scenarios like that can present themselves. And so the program manager will work with the IL staff to address that on a case-by-case basis.   
  
>> Okay, thanks. Judy is wondering if you sell the database software for quick match?   
  
>> Yes, we do. We offer it on an annual basis for an annual subscription, and I would be happy to talk to centers individually after the presentation to explore that.   
  
>> Barb with a detailed question about staff time. Does the staff get paid by the part C funds or state money or by the program or a mix?   
  
>> So in California the staff of the PAS program are funded through state funds. So that is wrapped in our Social Security reimbursement dollars since PAS services is a course state service.   
  
However, the program quick match, the web technology which we have invested in and continue to expand is funded through subscription fees to other organizations, as well as some additional supports.   
  
>> Okay, thanks. I will give about 15 more seconds for people to type any additional questions. We will have another Q&A break at the end of today's call before we wrap up.   
  
  
  
>> Are we ready to go forward?   
  
>> I'm just giving one more moment to people who are typing.   
  
Okay, so Barb is saying we buy it from you and then we sell it to make money? I don't think that's exactly right.   
  
>> No. No, quick match is a tool. Your PAS program is designed how your center wants to provide that service. It could be private pay, you could have it as part of a Medicaid funded program if you offer that through your center.   
  
Quick match is a web technology to broaden your services. We really see it as an opportunity to reach a broader audience.   
  
>> Okay, thanks. Let's see. We are going to have to get back to the presentation but I'm going to ask you this one last question from Skip. Have you found that the direct employer/employee relationship introduced any problems for the consumer without having an employer to mediate or remedy the situation? How would you respond to that?   
  
>> That is a great question, Skip. So we found the integral component is having really experienced and trained staff who can facilitate the dynamic. So while they are not the, quote, staff is not, quote, the employer or the manager, they are facilitating any communication or challenges that come up between the consumer and the care provider.   
  
Many and most of our care providers have been on our registry for a number of years. So there is an ongoing relationship with our staff, and the same for the consumers. Many of the consumers have been utilizing the registry for a number of years.   
  
So it is really an ongoing dialogue to address issues. And you know, occasionally stuff comes up, and you know, we have to take a worker, a care provider off the registry, and vice versa, a consumer. And that is all managed and done with staff facilitation and the supervision of the program director.   
  
>> Okay, great. Thank you, Eli. I want to make sure you have time to get to the primary presentation, so I'm going to go ahead to slide 26 and turn it back over to you, and when we break again we will turn it back over to Debbie's question.   
  
>> Great. So how do we market ourselves when we are going up against big business and private home health agencies.   
  
Next slide.   
  
This goes into the outreach and marketing question. Let's start by building your brand. Networking, whether it is going to a Chamber of Commerce mixer or a job fair, it is key to promote your services.   
  
Another opportunity -- well, four years MCIL has been a member of the Chamber of Commerce, and we have taken an active role in holding a resource booth at the annual chamber events promoting quick match and our PAS registry.   
  
Another opportunity is community forums. CILs are trusted community resources, and locally we have held community forums on topics like aging in place, and youth transitions at our local public libraries, community colleges, senior centers, and invited not only -- promoted not only our services, but invited other community-based organizations, or in some cases private financial institutions would like to sponsor our event to highlight the home and community-based services like PAS and quick match that are offered in the community.   
  
And I should clarify when I say PAS, I mean personal assistance services.   
  
Another key component to building a brand is strategic partnerships. Because the competition is out in force at local hospitals and nursing homes, it is key to participate and build local coalitions around aging and disability service providers.   
  
In Marin we are and emerging aging and disability resource Center, and we're in the process of branding our home and community-based services through that collaboration.   
  
We are also engaged in aging action initiatives which is an outcome of our civil grand jury which found a fractured system for providing services for older adults and people with disabilities.   
  
So we really take a collaborative approach with other nonprofits and promote our services collectively.   
  
And the final component is business planning. We have hired professional expertise to navigate through this new service arena, conducting research, looking at return on investment, and also legal advice to launch a new business venture.   
  
I think it is key to really plan ahead and do your best to scope out an opportunity and move forward with it.   
  
With all that being said, as I mentioned earlier, there is risk and everything, and just providing services as an independent living center to the community does have a level of risk.   
  
And really at the end of the day it is about meeting the needs of the community.   
  
Next slide.   
  
So this goes into several questions that were discussed about what opportunities are out there for developing new fee-for-service models for personal assistance services.   
  
Through the Affordable Care Act we have seen opportunities developed through Money follows the person such as aging and disability resource centers, managed care plan partnerships, and the expansion of financial management systems.   
  
So potential revenue sources for PAS services include contracting with managed care plans, charging subscriptions or annual fees for utilizing the PAS/quick match service, soliciting grant funding and philanthropic giving, offering training and charging for training for both consumers and care providers, as well as developing financial management systems, administering payroll, and payroll taxes.   
  
Several of our quick match partners actually have internal FMS systems and use those services in complement with quick match to generate revenue.   
  
The other clarification I want to make from something I said earlier was while we do not tack on an hourly rate to our caregiver cost, I think it is perfectly fine to offer annual subscriptions or an application fee to the caregiver for applying to the registry since it is a benefit.   
  
So really all of the revenue structures are up to the individual center to establish. Some of our centers have managed care plans, or managed care contracts, and they offer quick match as part of an LTS as, long-term support service package, in addition to transitions and options counseling to the health plans or within their ADRCs.   
  
Some are charging annual subscriptions or annual fees to the consumers or the care provider.   
  
Some are soliciting grants, funding, and philanthropic giving.   
  
Some are doing trainings and charging for that.   
  
And as I mentioned, others have developed their own financial management systems for payroll and tracking.   
  
On a quick match level, we are exploring that as well, but I'm going to go into that in just a second.   
  
So moving to the next slide, as I mentioned, several of our quick match partners have memorandums of understanding and/or contracts with the local health plans to provide home and community-based services to plan members. This could encompass nursing home transitions, options counseling, or utilizing Money follows the persons dollars to install ramps and other home modifications.   
  
There using quick match as part of a menu of home and community-based services to offer to the health plans in the consumers to facilitate a nursing home transition or diversion activities to keep the individual remaining living independently in their homes.   
  
So really quick match is seen as part of this package and an innovative component to providing long-term support services and home and community-based services to the managed-care plan.   
  
Going to the annual fee or charging subscriptions and annual fees -- MCIL charges an annual fee for the use of quick match for our clients. The service fee is reinvested back into the website for further expansion.   
  
Similarly, many quick match partners have explored charging a nominal fee on a sliding scale to their private pay consumers for utilizing the website.   
  
Consider the significant value a consumer or family member has when they are hiring a personal assistant directly through quick match as opposed to the private home health agency, and the significant savings and incentive by going through a quick match partner.   
  
Next slide.   
  
Soliciting grant funding and philanthropic giving. So when MCIL began offering quick match to our community, word spread about our innovation. We started to have conversations with local foundations were interested in investing in best practices and inOver the span of five years we leveraged quick match to secure several grants to further build our PAS registry and develop the website.   
  
Next slide.   
  
Training. Some of our quick match partners provide trainings for both providers and consumers. These trainings may be offered for free, but they also may be purchased à la carte by the consumer or the care provider.   
  
Additionally, quick match as a network is exploring partnerships with online training resources so that the consumer can actually access training for the website and purchase it.   
  
And we are going to the next slide.   
  
Developing financial management systems. Is a quick match network, we have begun to explore the opportunities for connecting our online registry with financial management systems that handle payroll and accounting duties for consumers and providers.   
  
While we are still in the exploratory phase, the opportunity is there for CILs to generate payroll revenue through the online registry. And as I mentioned, some of our partners are already doing that individually. We are looking at doing that across the network, so whether the individual center has an internal FMS system or not, they can be part of a network that would provide this.   
  
Next slide.   
  
So how does quick match work? We have a video that, thanks so much to [indiscernible] and ILRU was produced specifically for this presentation. And I encourage you to go through the demonstration. It shows exactly how an individual can log into quick match, filter and search for a care provider specifically to meet their specific needs, and higher or find additional providers, look at resumes, look at the screenshots and audio clips, as well as track the time and if they are using multiple providers managing multiple providers through the time tracking module.   
  
Additionally on the demonstration you will see how staff have access to the back end of the website where they can track who is going into quick match, what consumers they are clicking on, who is following up with care providers, and who might need some more support for one-on-one consultation.   
  
Staff can also easily upload the care provider profiles, edit providers if there hours have changed or their services have changed, and of course activate or deactivate both consumer logins as well as provider profiles as needed.   
  
Finally, and it shows this in the demo, there is the opportunity to customize quick match to each Center's specific community. So it is not just going to a generic website that serves as one portal. Each client of quick match has their own customized portal that reflects their center, their community's needs, there services, and how they are providing quick match as a tool for the PAS registry.   
  
So we are going to go to the next slide.   
  
So summary and lessons learned.   
  
When developing new programs or fee for services, start with assessing the community need. Innovation is necessary to compete in a growing home and community-based services industry.   
  
With a little effort and planning CILs can compete with private home of agencies.   
  
And my favorite line -- is not the size of the dog in the fight to -- it's the size of the fight in the dog. So do not be intimidated one logic something new or going against competitors or private home of markets. Really it centers back to the center and their capacity to offer good quality consumer driven services under the consumer driven philosophy.   
  
Next slide.   
  
So where is this all going? We are looking for partner organizations -- CILs, SILCs, public policy organizations and foundations to help us broaden our network locally, regionally, and naturally.   
  
We believe that accessing high-quality and affordable health care should not be a privilege but a right of every American.   
  
Now we have time for our next question and answer.   
  
>> Okay, thanks, Eli. All right, you all know what to do. You can type your question out or hit star pound if you are on the phone.   
  
As promised we will start with Debbie but we wait for questions to Roland from other folks.   
  
, Was wondering at the end of our last section who pays the PCA taxes, Worker's Comp., Social Security, and other withholdings?   
  
>> So that really is up, as I was mentioning, to how the center develops or structures there FMS system. And as I mentioned, some centers have developed an internal financial management system to administer and take out the payroll taxes, Social Security, and the Worker's Comp. for the consumer.   
  
Other partner organizations or other independent living centers who use quick match have partnered with outside payroll companies such as Paychex, ADP, for those companies to work directly with the consumer to take out the taxes and Worker's Comp. and so forth.   
  
It is really about program design.   
  
>> Great, thanks. Okay, Kelly is wondering how long it took you all to get to the current level of consumer users and active PAs? You said you currently serve about 150 consumers and have about 70 PAs, is that right?   
  
>> Yes. We have always had our PAS program as a core service of the center, and I would say we have steadily grown it over the last 10 years with the advent of quick match in 2010.   
  
I would say the last five years it really broke the 100 consumer level, and we also really got a lot more personal assistants, care providers, signing up and recognizing that there was more of a market for caregiving.   
  
>> Okay, good, thank you. All right, we have got plenty of time left for questions. I hope you all take advantage.   
  
Give another minute or two to see what comes in.   
  
And just as a reminder, if you are on the phone, you can press star pound to ask a question live on the call.   
  
Eli, Marilyn is wondering when you say you would like other centers to partner with you all in this, what exactly do you mean by partner?   
  
>> Well, if other centers are interested in joining us and signing up for quick match, we would love to offer it in other states. As I mentioned, we expanded in the fall to our first national partner outside of California, [indiscernible] in St. Louis. And we are looking to develop partnerships with other centers who want to launch quick match.   
  
As I mentioned, there is an annual subscription fee to facilitate quick match for the center, and as well as a one time setup fee.   
  
But again, we are really just trying to make it a sustainable viable tool for our center to offer and recognizing that independent living centers are small like us -- MCIL, second smaller center in the state -- we try to make it affordable and practical to launch the program.   
  
But again, I think the key -- and I cannot stress this enough -- if you are interested in quick match as a tool, really recognize that that is what it is. It is a tool.   
  
The key is to have an dedicate the staffing and the management and the resources to develop or expand your internal PAS program.   
  
Quick match is really an opportunity to bring that PAS program to a broader audience, to an unmet demographic whether that is older adults or even younger folks who do not have the time to come into an independent living center but still want to benefit from IL services.   
  
So by partnership, we would love to partner with anyone who wants to launch quick match. And even if you are not interested in signing up as a client of quick match and am CILs, we are happy to consult with organizations who want to explore going into the web, offering web-based services and innovative technologies.   
  
>> Great. I am going to jump to the latest question, actually, because I think it relates back to Marilyn's question -- excuse me, Kelly's question about the time it took on the number of consumers and PAs you have. Barb is wondering what is the overall population of the community that your center serves?   
  
>> We serve Marin County which is a population of 250,000. That being said, because we are part of the Bay Area, and as many of my Bay Area colleagues, some who are on the call can relate to, we serve a broad Bay Area community as well. So occasionally folks will come in from other parts of the Bay, whether it is the East Bay, the North Bay, the total population of the San Francisco Bay area I believe is around 5 million or 6 million, but I cannot be sure about that.   
  
Okay, thanks.   
  
>> Another person is wondering if this is mainly used for private pay in your area, which I believe you said it was not, and they asked if you have another system in place for state reimbursed programs. Or to say it another way, would this work for state reimbursed programs.   
  
>> That's a great question. So I outlined quick match as a program that MCIL uses for a private pay registry.   
  
However, we have partners who are providing state reimbursement programs, and that was the opportunity to leverage quick match and use it as a state -- as part of the state program as well.   
  
Because really it is a matching program, and it can be used either way. Again, it kind of goes back to what I said earlier about the center's vision, about what they want to accomplish. And we at MCIL and quick match we want to just offer the best tool to fulfill that vision for offering online private pay in the case of MCIL, or consumer directed Medicaid reimbursement as it is in some other centers and regions and states.   
  
>> Great. Again, I know some people are typing. We will just wait to see if some other questions come in.   
  
We have still got five or 10 minutes, so plenty of time for your questions. Star pound if you are on the phone, and don't forget if you are on the cart captioning screen you can use the chat there as well.   
  
>> And I hope answer the questions about fee for services that were brought up earlier. So if I did not, please -- or if folks want more detail, please let me know.   
  
>> All right, Eli, I am curious, what was the first fee-for-service program that you all developed at MCIL?   
  
>> We had an employment program several years ago before my time. But in my tenure as executive director, this is our first fee-for-service.   
  
>> Okay, good. Did you have a hard time convincing the board, or was his maybe even a board driven concept? What was that experience like?   
  
>> Well, you know, it was the vision of my predecessor, Bob Roberts, so it was not like totally new to the board. I think the board -- and I really have to give them credit -- they recognized bringing me in as a younger leader, I was going to come with some energy and new ideas, and they really trusted and had faith in supporting me in exploring this venture. So it really has been a partnership with the board.   
  
And the board really recognized, as we talked in the launch of quick match, about the changing demographics and the need to innovate and the need to compete with all of these home health organizations that were flooding the market.   
  
It was time to be innovative and take the jump. And so they really have been incredibly supportive throughout this process.   
  
>> Good. Eli, Barb is wondering -- your advice or your thoughts on whether or not quick match and the subscription for quick match would be a good investment for a community of 150,000.   
  
>> You know, that's a great question, and I think it is really up to what the center sees as the community need and the opportunity.   
  
Of course I'm going to be biased and say I think it is right for every community. The benefit in rural communities or low population communities is that it is an opportunity for folks who cannot come into the center to access virtual services.   
  
If it is in a highly dense population, the opportunity is that there are so many challenges with getting into a center, if it comes to parking and public transportation or limitations, again you can access virtual services.   
  
I think the key really centers around what does the leadership of the center see as the unmet need in the community? Is there an opportunity to expand services, expand PAS services and provide virtual services.   
  
I think there is, but really it is up to the leadership of the board and the staff of the organization to make that assessment. And if they think the answer is yes and that opportunity is virtual and digital services, obviously we would be more than happy to talk on how they could leverage quick match.   
  
>> Great. Another participant is wondering -- after the program launched, did you feel the quality of the match was better and longer lasting? Have you all seen any anecdotal evidence or do you have any data on PA and consumer connections since he began using quick match?   
  
>> That is a great question. And we actually a couple of years ago revised our consumer satisfaction survey to assess not just satisfaction with services but the impact of services on activities of daily living and quality of life and community connection.   
  
And we found that over the last five years since we have implemented this new survey, there has been an increase in the impact that services has had on quality of life, connection with family members and community members, and ability to perform activities of daily living.   
  
So from that standpoint I would say that quick match and the PAS program has had a long-lasting impact in not only matching people with disabilities of care providers, but having a strong impact on community living in general.   
  
>> Great. Eli, George is wondering if quick match is jaws compatible.   
  
>> To my understanding, we build the site to be fully accessible. We have had jaws users go through the site and Beta test it. We have an accessibility tool on the site to increase and decrease text size, switch from low contrast to high contrast, we ensure that all of the text and audio -- or the text on the site is screen readable.   
  
So yes, my understanding is it is, and if a user or anyone finds that there is something that is not accessible on the site, please let us know. We are constantly trying to improve at.   
  
>> Okay, good. We are going to share -- I think it is on the next slide actually -- how you can access the demo of quick match. So if you all check it out and find any access issues, I am sure Eli would want to be the first to know.   
  
Oh, and a good follow-up from George on a different issue. Is there a way for people without Internet access or that are not comfortable using the computer, he says without tech savviness, to access the system. So that's interesting. How do those folks find BAs now?   
  
>> That's a really good question. And actually what we have found is a lot of folks still want to talk directly to staff and utilize staff to do the matching, or to manage quick match for them.   
  
In other words, staff will after the interview and screening process log into quick match with the consumer sitting down right next to them, or on the phone, and talk them through what they are looking for and then print out a list of providers based on the criteria. So you do not have to be from Silicon Valley to access the website. You can go through staff, which many of our older adults who are not tech savvy do.   
  
And what staff do is utilize quick match as a tool to find the consumer a care provider.   
  
>> Okay, good, thanks. Eli, Marilyn is wondering again about the marketing and outreach. How do you make that initial contact with care providers might want to participate through quick match.   
  
>> So how do we initially reach the care providers you might want to participate -- we try to market at job there's, we do community events, we participate in --   
  
[Audio has cut out]   
  
>> I hope the rest of you are there. It sound like we just lost Eli. And I hope you can all still hear me. It looks like the captioner can, so I will keep going.   
  
The counter on my phone cut out as well, so I was afraid that the call had disconnected. So we will give Eli a moment to get back on.   
  
And we had just one other question pending.   
  
While we do that, let me go to slide 39. Eli was going to share this with you. He may have some more details, but I have done the quick match demo before.   
  
You can try a live demo of quick match at QuickMatch.org/demo and go through it and see how it works, and it is pretty neat. You want to check that out.   
  
And I also want to show you here on slide 40, Eli has been generous enough to provide his contact information. So you can follow up with him after the call. And I know, and he actually mentioned that whether you are looking to find it more about quick match or whether you are looking to find the right program to build at your center, just like they at Marin kind of invested or double down on the fact that they had a lot of staff with expertise in web development and database development, you might find that you have different strengths at your centers. And Eli has offered to help, to be your contact as you explore this opportunities. So please take advantage of that.   
  
I also want to offer myself as a point of contact. Tim@MCIL.org. So please be in contact with me if you have a question about upcoming training or this training, whatever it might be, or maybe you have a question for Eli do not have his contact information handy, please do not hesitate to reach out to me as well.   
  
That is a big part of our role here at the project, to stay in touch and help you all intimate what you have learned or thought about at these trainings.   
  
Eli shared with us by text through the webinar platform that his headset died. So he is dialing back in now. And hopefully he can wrap up that last question before we break.   
  
Like a said, because we started a few minutes late with the captioning problem, going until 4:35 PM, and so hopefully when Eli rejoins you can wrap up that question for Marilyn and this latest one from Barb. So thank for your patience.   
  
And I also -- I do not want to go to the next slide because that is the evaluation and that will take you away from the webinar, but I will mention the new community opportunities blog while we are waiting for Eli to get back on.   
  
That is something that I mentioned, a number of these NCO calls, it is part of the project and it is really neat for those of you who have not seen it.   
  
>> Hello, guys, I am back. Sorry about that.   
  
>> I was doing a little commercial for our [indiscernible] blog, and I went through the wrap-up so you can focus on answering questions when you get back.   
  
>> Okay. I apologize. My headset died. Just if that's okay. You are wrapping up Marilyn's answer, I don't know if there's anything else you want to say, and there is another question from Barb before we disconnect.   
  
>> I'm not sure where I left it for Marilyn's answer.   
  
>> You were talking about outreach to providers that wanted to be part of quick match.   
  
>> Okay. Yes, and I was mentioning that many -- in addition to job there's and partnering with community events and our ADRC and so forth, we also have relationships with hospitals. And many of our care providers are also employees of hospitals or other medical facilities, and they want to supplement their income and have a higher quality of life.   
  
So they also are providers on quick match on their off days. So we build those relationships as well.   
  
>> Okay, great. And then final question from Barb before we wrap up -- she wanted to clarify -- do you have home health provider agencies partnering with you or paying you -- and or paying MCIL -- to put the staff on quick match?   
  
>> Great question. Absolutely no to home health providers paying us to put their providers on quick match.   
  
We maintain quick match independently through MCIL.   
  
However, we do have partnerships with reputable high-quality home health care agencies where we do make referrals back and forth. So partnerships for sure, but quick match is managed exclusively by the independent living center, and it is really the tool for us or one of our clients was using it, one of our partner ILC in another community, to manage independently.   
  
  
  
>> Okay, great. Well, I have done most of the wrap-up. So thanks for a really great series of questions from all of you. I appreciate it.   
  
And finally before I talk about the evaluation, again I want to thank you all for taking time from your afternoon to join us. Eli, I want to thank you for joining us to share MCIL's [indiscernible] and moving on Bob's vision and creating quick match. I have been interested is I've learned more about it in the last couple of years from you, and I hope our audience did too.   
  
Let me point out the evaluation on slide 41. And you can find the same link in the confirmation email we sent to you. Please to take a moment to Phyllis out and let us know what you thought.   
  
Also don't forget to check on the video that Eli did, the tour of quick match that was in that confirmation. It really is neat to see the site in action.   
  
And like I said, when pointing myself out as a point of contact, let us know how we can help you as you maybe think about a quick match in your community.   
  
But more broadly as you think about fee-for-service programs that would be right for your center you might use technology, you might build on your own staff resources.   
  
That is know if we can give you any assistance along the way.   
  
So with that we will go ahead and wrap-up today. Have a wonderful afternoon, everybody. Goodbye.   
  
>> Thank you, Tim. Thank you everyone.   
  
>> Thank you, Eli.